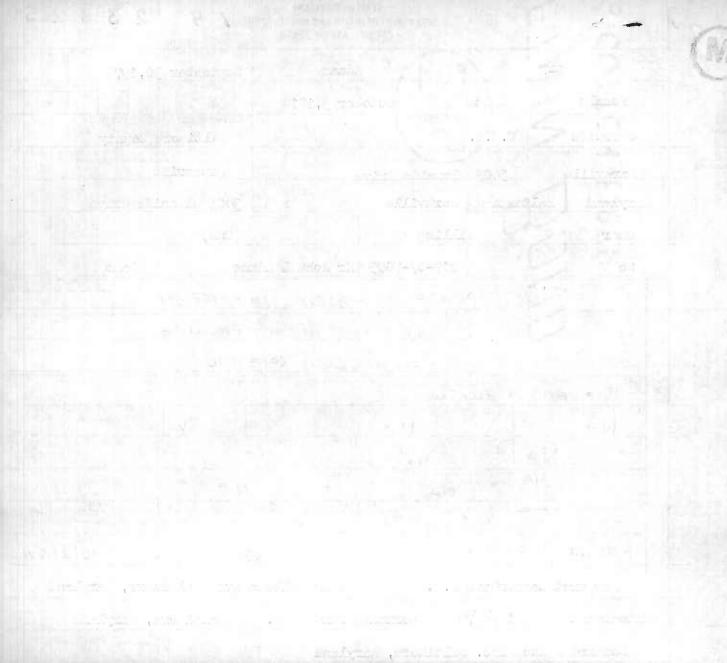


Leonard J Ruck Inc. Baltimore, Maryland

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the deoth certificate be retained by the hospital or attending physician.

				STATE OF	MARIEMIN		274	67	mg (2)	11 4		
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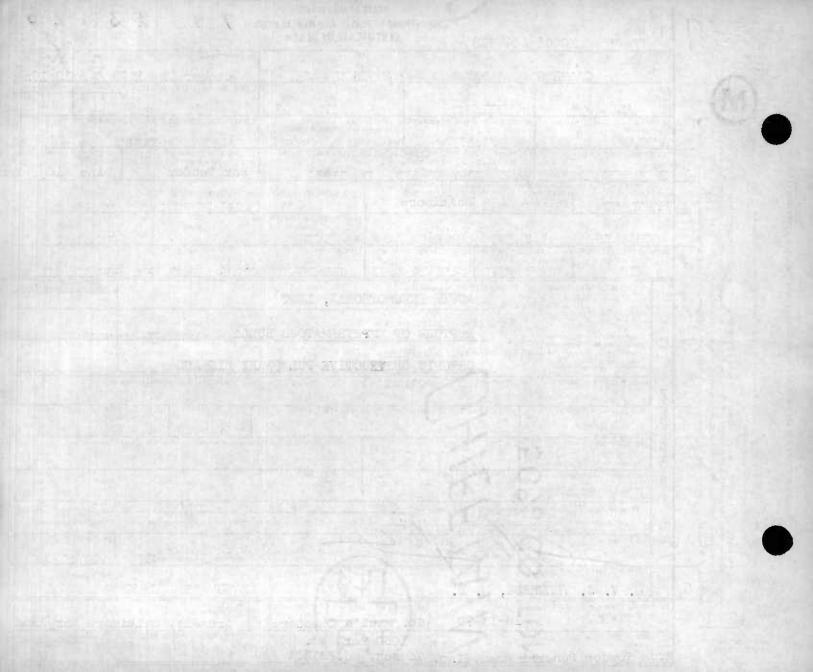
Towson, Md. 21204

Inc

DHMH - 16 50M.7/77 (VR A 15 (4))

Ruck Towson Funeral Home,

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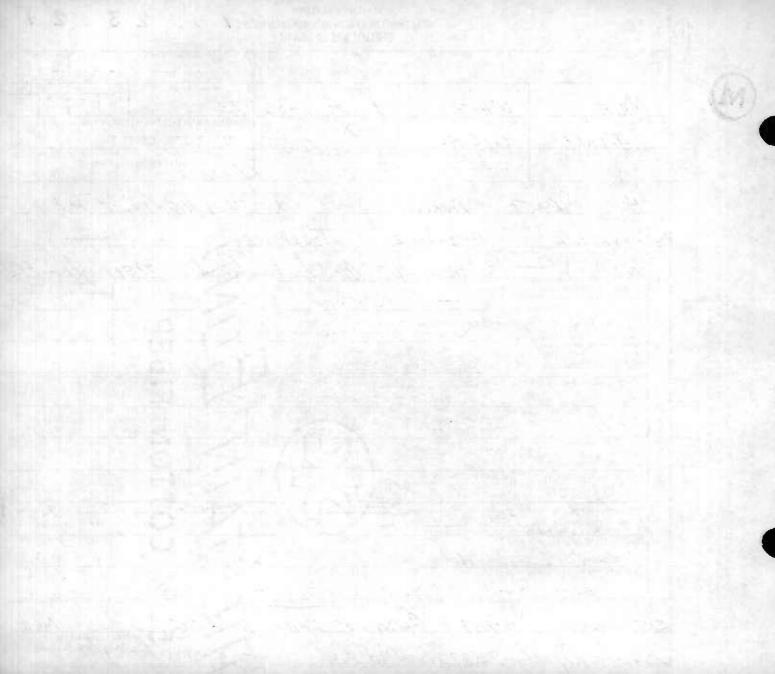
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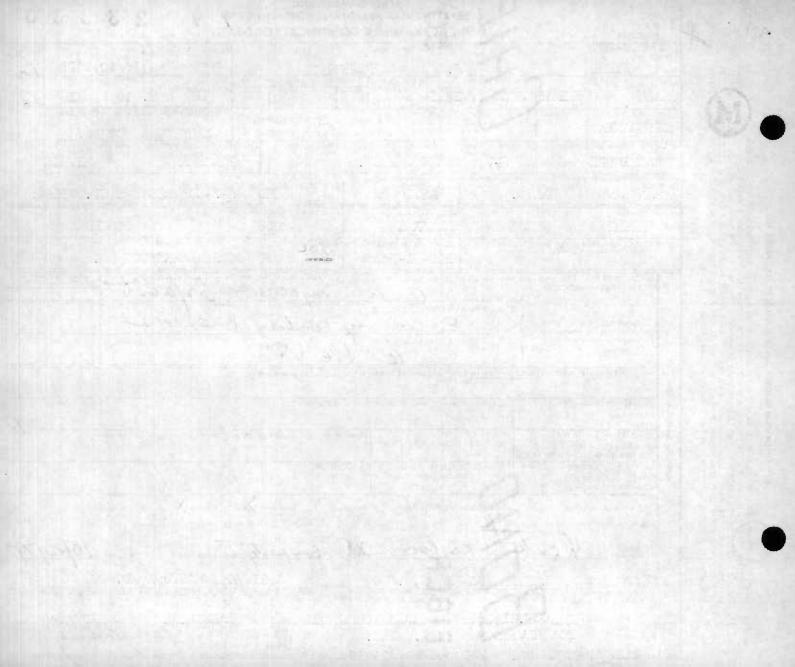
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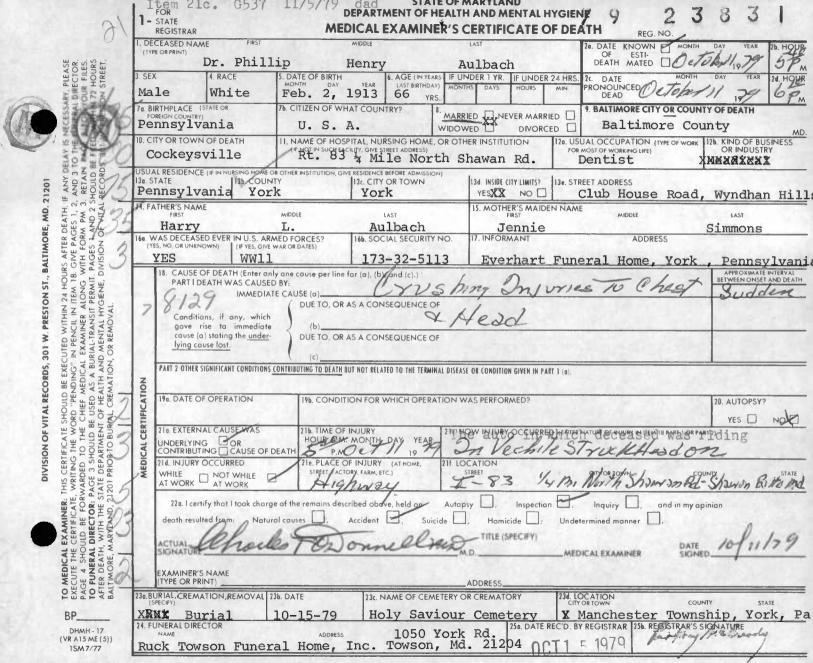
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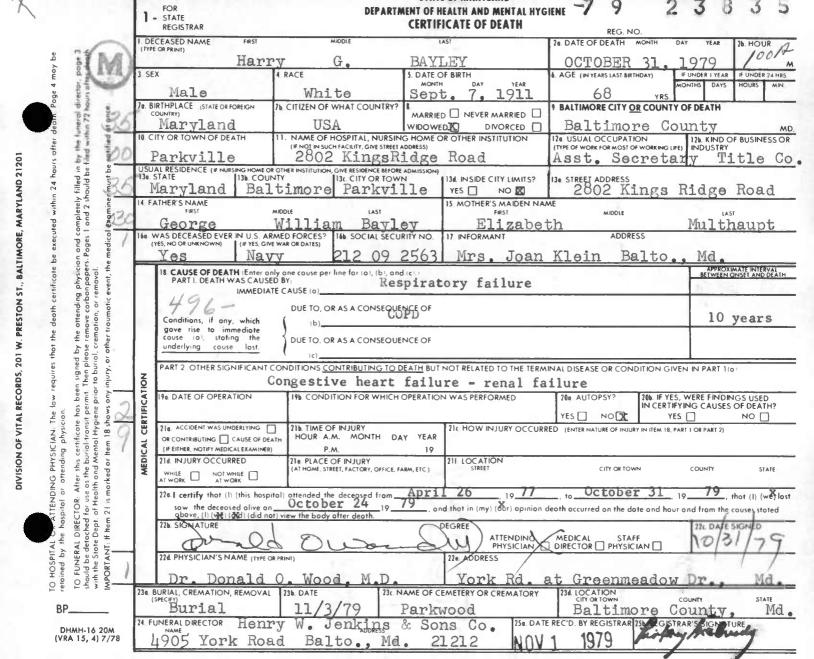
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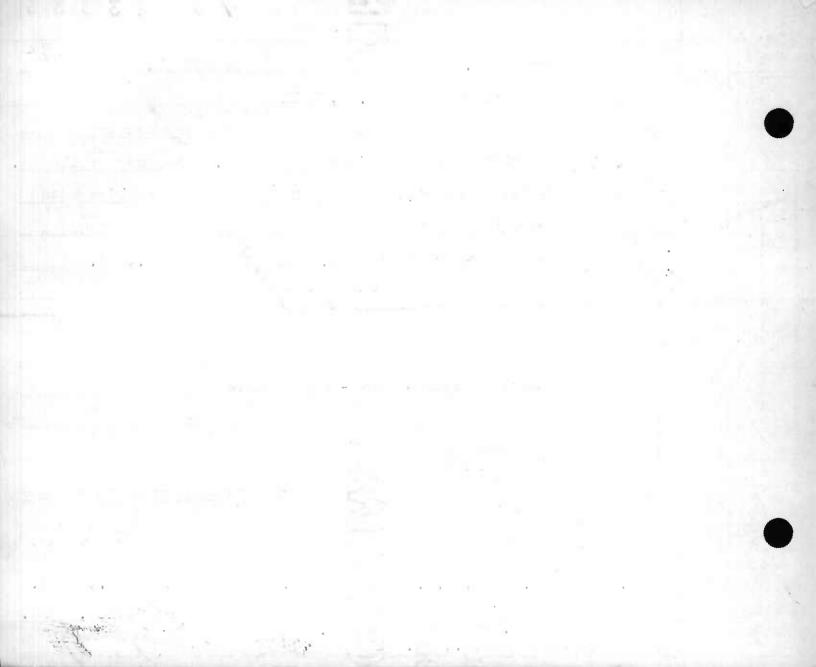
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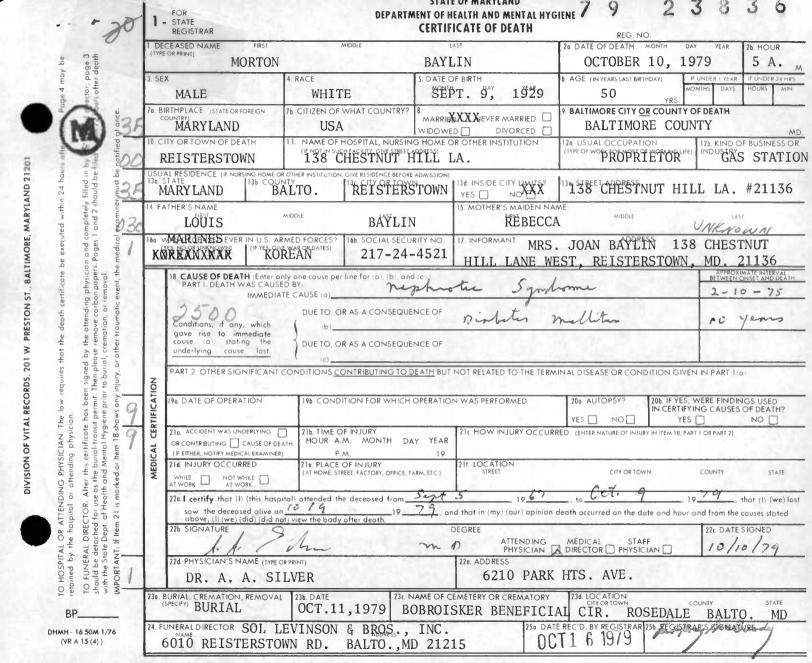
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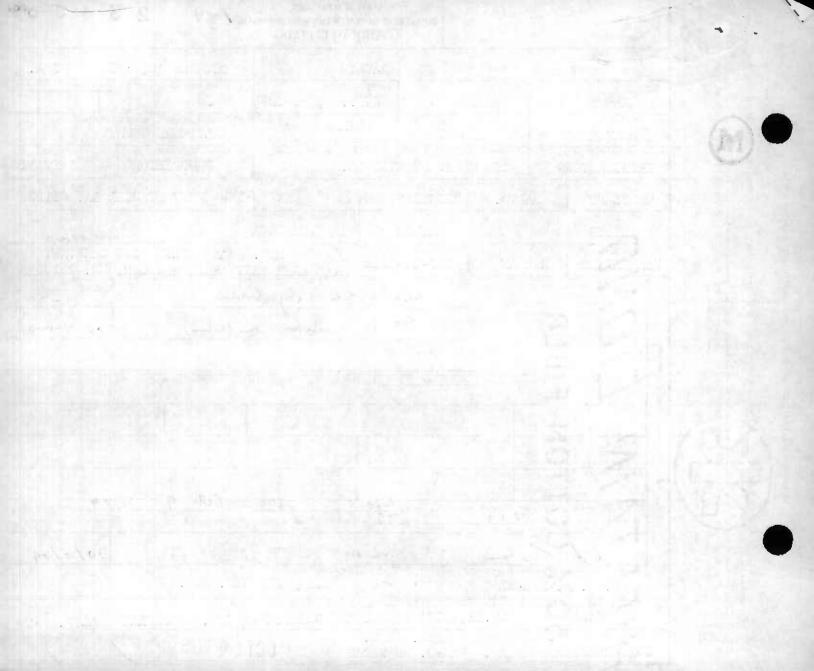
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0	5	Randallstown	Boutimore	County C	encro	1 Hospital	Maintance-			
st be	43 U.S	UAL RESIDENCE (IF NURSING HOME 3. STATE 136 COL		RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ETT-		
T	_		timore P	ikesvill	e	YES NO NO	22 Randal	I Aveni	ie 212	08
uiu.	14.	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	MIDDLE		LAST	
313	1	Michael Base was deceased ever in u.s. A		SOCIAL SECUR		Maria	Roedler			
medico	100	(YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)			17 INFORMANT Mrs.			MD 9	1900
b .	-	Yes W		12-10-68		22 Randall A	venue rike	sville,		ATE INTERVAL
r troumatic ev		Canditions, if ony, which gove rise to immediate cause (a), storing the	(b)	S A CONSEQUEN	ICE OF	WY 012	SIGMO			
	2	underlying cause last PART 2 OTHER SIGNIFICANT	(c) DUE TO, OR AS	MOL	ATH BUT N		NAL DISEASE OR CON		IN PART 1(0)	
ows ony in	CEPTIEICATION	19a DATE OF OPERATION	196 CONDITIO	n for which c	PERATION	WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES O	GS USED OF DEATH?
em 18 sh		OR CONTRIBUTING CALLER OF D	EATH HOUR A.M.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TO	MM	COUNTY	STATE
is marked		220.1 certify that (1) (this has		eceased from		, 19	, to			nat (I) (we) lost
n 21		sow the deceased alive of obove, (1) (we) (did) (did)	n	er death.	, one	I that in (my) (our) opinian	death occurred on the c	ote and hour a		
II: If Her	A	276. SIGNATURE BELL	o Sell	Crui	0 16	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN X	22c. DATE S	23/7C
MPORTANT		ALBERTO	ORPRINT) DEL	COR	20	22e ADDRESS	Н		-/-	7 - 1
IMPORT	23	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NA	ME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c(DUNTY	STATE
-	L	Burcial	10/27/	79 La	ke Vi	ew Mem. Park	Sykesvil	le. Car	roll	MD.
77	24	funeral directorring E 1728 Liberty Roc	syers Funer Ed Randall	ral Dire	ctors MD. 2	, P.A. 250 DAT	T 25 1979	E.A	7/10	RE

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LESSON SHEET DENEED TERMER STANSONE - Valley - Care (N) TALLY GOLD BURNES 10 10 10 10 SAMOURS OF BRIDE SHIPS

MIDDLE

- STATE

REGISTRAR

1. DECEASED NAME

BALTIMORE COUNTY 12b. KIND OF BUSINESS OR Bridal Consultant Stor Store 5 Orchard Rd Fritzsche Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO I 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 0 - 30 - 79GBMC-6701 N. CHARLES ST. STATE Cockeysville Balto REGISTRAR 256 REGISTRAS'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 "Mitchell-Wiedefeld Home" 6500 York Rd. (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

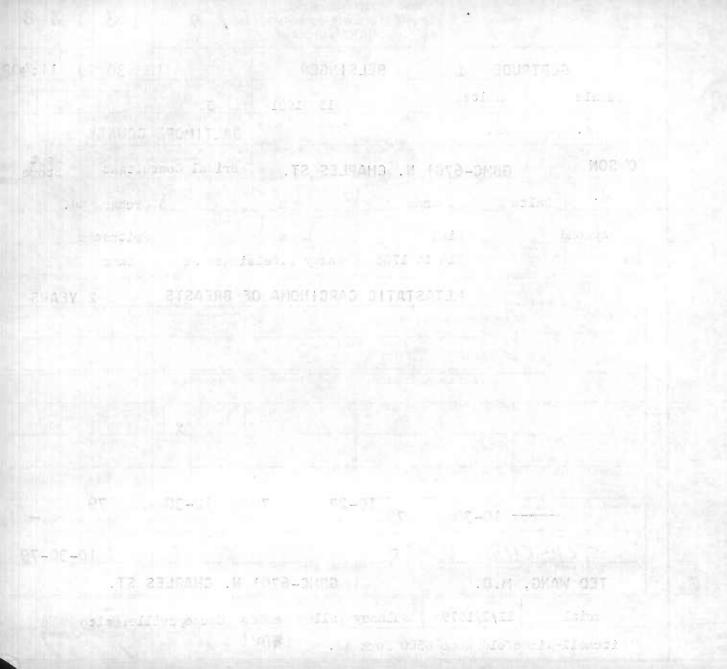
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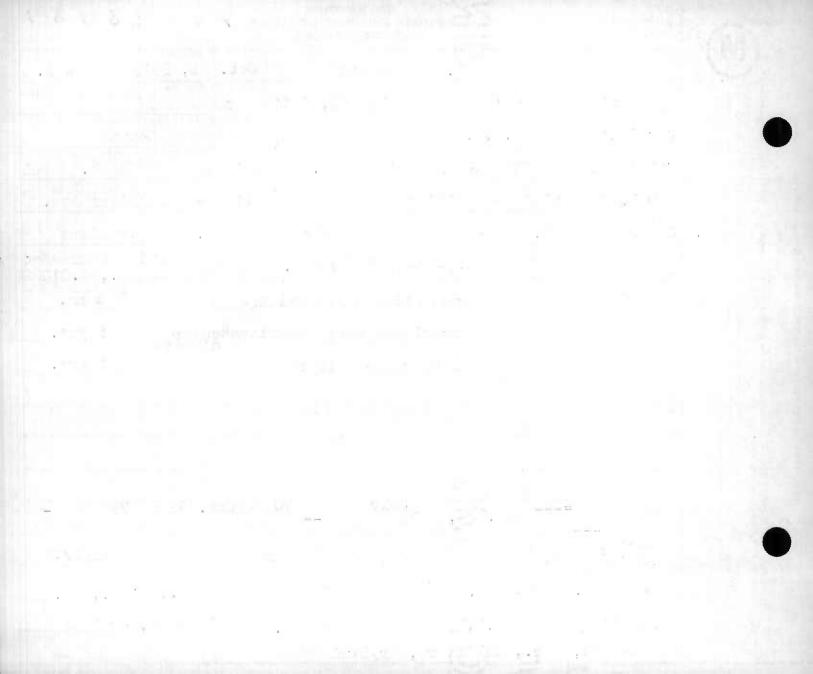
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2a. DATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



(VR A 15 (4))

| Table | Ta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) LULA BENSON F. October 10. 5: 36A. A AGE (IN YEARS LAST BIRTHOAY) 4 RACE 5 DATE OF BIRTH 3 SEX 7, 1900 MONTHS DAYS HOURS Feb. Female White 9. BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY), U.S.A. Maryland Baltimore County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bookeeper Valley View Nursing Home Accounting DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136. CITY OR TOWN 3101 Juneau Place 21214 Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Lulu MIDDLE Wesley Seward French ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST 212-14-1246 Eileen French 3101 Juneau Place21214 APPROXIMATE PLTERVAL BETWEEN ORDET AND DEATH IK CAUSE OF DEATH (Enter only one cause per line for ion, ib), and ic PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which cause (a) stating the underlying couse last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I Mentol Hygier 21a. ACCIDENT WAS UNDERLYING T 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death and that In (my) (our) opinion death occurred on the date and hour and from the causes stated TO FUNERAL DIRECT should be detoched fourth the State Dept. DEGREE 22c. DATE SAGNED 22h, SIGNATURE wwww ATTENDING STAFF * PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRIN 1656 E. Belvedere Avenue Vuong Vu Nguyen, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL Baltimore County, Md. Burial Parkwood Cemetery 250. DATE REC'D. BY REGISTRAR 255 COST 1 1979 24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd. 0CT1 1 DHMH - 16 50M 1/76 (VR A 15 (4))

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edicol	100 0	(ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				ADDR	233		
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or off	1	underlying couse last	((c)							
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0 0	2	148 DATE OF OPERATION	148 COINE	THOIN FOR WHICH	TOPERATIO	IN WAS PERFORMED	Zud AUTOPST:	IN CERTIFYING	CAUSES OF	DEATH?
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21		saw the deceased alive a above, (1) (we) (did) (did)	nat) view the bady	after death.	, 0	nd that in (my) <u>(aur)</u> apinian	death accurred an the d	ate and haur and	Iram the cau	ises stated
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*		TVILL	areste	9 . W.	1	ATTENDING PHYSICIAN	MEDICAL STA	FF	10/11	179
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~ 1		R. VILLANI		ח			(1)7 (1)	t	22.001	
MPO	-					GBMC, 6701 N		treet a	21204	
	23a E	BURIAL, CREMATION, REMOVA SPECIFY)				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT		STATE
		Burial	10/15	79	Lake	View_	Sykesvil.	le, Carro	11 Co	., Md
/75		JNERAL DIRECTOR		ADDRESS	6500	York Rd. 25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	12.
,,,,,	Mi	tchell-Wiedefe	ld Home.	Inc.		Md Md	DCT 1 5 19/9	proge	7/10	NA COL

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(M) 6	1 05	REGISTRAR	REG. NO.	
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ge 4 mor	3. SE	Female	4. RACE 1. TO S. MARY GORTH 1893 (6. AGE (INYEARYLAST BIRTHDAY) IF U. MONTH XXXX XXXX XXXX XXXX XXXX XXXX XXXX X	UNDER 1 YEAR IF UNDER 24 HRS HTHS DAYS HOURS MIN
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by the filled with	1	Baltimore	(JEMOS/IN SUCH FACILITY, GIVE STREET ADDRESS) NOR NOR NOR OF WORKING LIFE) LOWER STATE STREET ADDRESS) LOWER STATE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY CLOTHING
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d within pletely ad 2 sh	14. FA	THER'S NAME	KAUFMAN KAUFMAN IS MOTHER'S MAIDENS 406 JONQUIL AVE. MIRIAM And T	#21215 / 33 C
n and completed or possible or property or		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	PT: 3-have Dt
s. Pogo		NO	EWARDRDATES) 215-14-8849-A Sam Benzutsty 14/	UNRIUS .
nficote be physician npapers. movol.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c) !! D.BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or or		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	INPART 1(a)
equire in sign or to bu	NO	Diabeles W	ellitus - Severe Organic Brain Syndrome - Fer	eding Problem
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		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
YSICIAN ding ph s certifu burial-tr Mental I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
dG PH attent ter this s the land h ond	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
NDIN of or orse o use o is mo	20	· · · · · · · · · · · · · · · · · · ·	tol) ottended the deceosed from 3-11- 1977, to 10-17- 19	79, that (I) we lost
OR ATTEN the hospital DIRECTOR, oched for us Dept. of He Hem 21 is			t) view the body ofter death.	
I te et t		22b. SIGNATURE	DEGREE ATTENDING X MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	10-17-79
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TO HOSPIT, retoined by TO FUNER, should be divide the Stowers with the Stowers IMPORTAN	22- 1		1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	
BP		BURIAL CREMATION, REMOVAL BURIAL	pct.18,1979 ARLINGTON (CHIZUK/AMUNG) BACTIMORE	MARYLAND MARYLAND
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	INERAL DIRECTOR SOL LI	DADDRESS, 1110.	R.S. SIGNATURE
(10015/4))	_6	010 REISTERSTO	WN RD. BALTO, MD 21215 OCT 23 1979	

Har let C State A C and bearing Brown and administration Redules Well tus - Strew Ergann Song Spekenn - Filip Polling MITTER OF THE STREET CERTAL PROCES CHORES 14310 Old Cart tag

requires that the death certificate

FOR STATE REGISTRAR						2 3 8	4 4
	ADA			ILLINGSLEY			26 HOUR 12:50 а,
Female		White	No	MONTH DAY YEAR	91	MONTHS DAYS	
COUNTRY) Baltimore	Md.	U.S.A	, wi	DOWED DIVORCED	BALTIMORE	COUNTY	MD
TOWSON		SAINT	JOSEPH HOS	SPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
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ohn FIRST	J.	M		y Mary	Emma.	DeB	augh
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gove rise to im cause (a), stati underlying caus	mediate ng the e last	DUE TO, OR	as a consequence	OF			(a
19a DATE OF OPERA	TION	196 CONDITI	on for which ope	ration was performed	200 AUTOPSY? YES NO 🔀		
OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M	MONTH DAY		URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
WHILE IN NOT V	RED VHILE ORK			21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	STATE REGISTRAR BECEASED NAME PEOR PRINT) SEX Female BIRTHPLACE STATEORI COUNTRY) Baltimore CITY OR TOWN OF DE TOWS ON UAL RESIDENCE (IF NUR FATHER'S NAME FIRST JOHN WAS DECEASED EVER (YES, NOOR UNKNOWN) NO 18 CAUSE OF DEA' PART I. DEATH V Conditions, if any gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR 21d. INJURY OCCUR	PART 2 OTHER SIGNIFICANT COUNTRY OR CONTRIBUTING CAUSE OF DEATH OR COUNTRY OR	DECEASED NAME FIRST MILE PE OR PRINT) ADA SEX Female BIRTHPLACE (STATE OR FOREIGN OUNTRY) Baltimore, Md. U.S. A CITY OR TOWN OF DEATH TOWS ON U.AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH TOWS ON U.AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH II) MAN DECEASED EVER IN U.S. ARMED FORCES? VES, NO OR UNKNOWN) IB CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) NO IB CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) NO IB CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) NO IB CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR CONDITIONS PART 2 OTHER SIGNIFICANT CONDITIONS CON 19a DATE OF OPERATION 19b CONDITION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 17e. PLACE OF 17	DECEASED NAME PREOR PRINT) ADA V. B SEX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) BAltimore Md. U.S.A. 111. NAME OF HOSPITAL, NURSING HOSE OF HEAT HOSE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI SAINT JOSEPH HOS ISA. CITY OR TOWN Parkvill FATHER'S NAME FIRST MIDDLE MONTGOMET WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one cause per line for 101, 161, and 102 PART I. DE ATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Congestive DUE TO, OR AS A CONSEQUENCE ATTERIOR (b) ATTERIOR (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 199a DATE OF OPERATION 199b CONDITION FOR WHICH OPE 21a. ACCIDENT WAS UNDERLYING (C) 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21d. INJURY OCCURRED 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21d. INJURY OCCURRED	DEPARTMENT OF HEALTH AND MENTAL INCREMENTAL CERTIFICATE OF DEATH DECEASED NAME PRIST ADA V. BILLINGSLEY SEX ADA V. BILLINGSLEY SEX Female White Nov.24, 1887 BIRTHPLACE ISTATE ON FOREIGN COUNTRY: BIRTHPLACE ISTATE ON FOREIGN FIRST TOWN INDUSTRIES ON FOREIGN COUNTRY BIRTHPLACE ISTATE ON FOREIGN COUNTRY: BIRTHPLACE ISTATE ON FOREIGN COUNTRY: BIRTHPLACE ISTATE ON FOREIGN COUNTRY BIRTHPLACE ISTATE ON FOREIGN BIRTHPLACE ISTATE ON FOREIGN BIRTHPLACE ISTATE ON FOREIGN BINTHPLACE ISTATE ON FOREIGN BIRTHPLACE ISTATE ON FOREIGN BIRTHPL	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REGISTRAT REGISTRAR RADE RAPRET DATE OF REREIT BETSTERS BETH RARRED DATE OF REREIT BETSTERS BETH RARRED DATE OF REREIT BETSTERS BETH RARRED DATE OF RESETS BETH RARRED	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGI

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove corbonpoper. Pages 1 and 2 the shote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If them 21 is morked ar Item 18 shaws any injury, or ather traumotic event, the

230. BURIAL, CRÉMATION, REMOVAL (SPECIFY)
Burial

226. SIGNATURE

22d. PHYSICIAM S NAME (THE OF FRINT)

23b. DATE

Inc.

23¢ NAME OF CEMETERY OR CREMATORY Moreland Mem

DEGREE

22e ADDRESS

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

Oct. 17, 1979

22c. DATE SIGNED

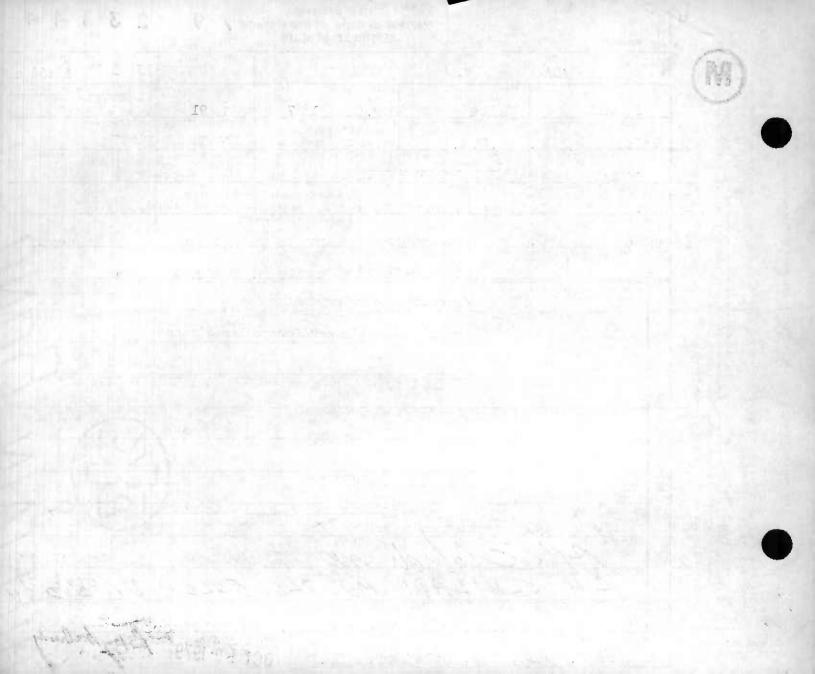
24 FUNERAL DIRECTOR LeonardyJ

ADDRESS

Baltimore,

1979

Baltimore
256. DATE REC'D, BY REGISTRAR 198 HE
OCT 19 1979



9	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7-9	2 3	8 4 5
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, pe od	3 SE	x	4 RACE		5. DATE C	man wear	6. AGE (IN YEARS LAST BI		OAYS HOURS MIN
ge 4		Female	Whi	ite	July		91	YRS.	DATS HOURS MIN
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noe oth		Maryland	US	SA	WIDOWE			ore Count	ty MD.
with with	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		IND OF BUSINESS OR
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STATE OF MARYLAND

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FOR

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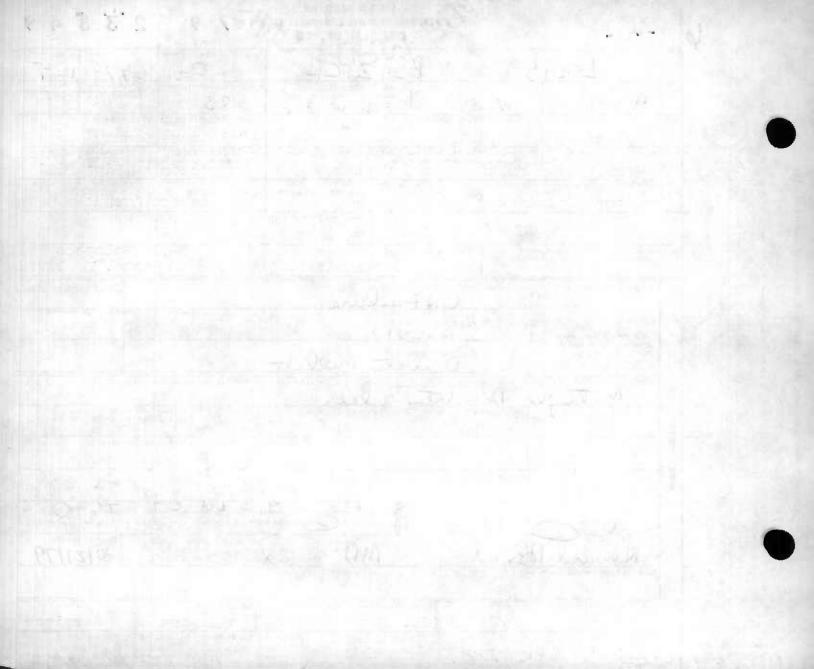
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND



11/3/79

8728 Liberty Rd., Randallstown, MD 21133

24. FUNERAL DIRECTOR Loring Byers Funeral Directors, P. A 250. DATE REC'D. BY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR ZZARD BEAM 10-**BALTIMORE CITY OR COUNTY OF DEATH** Baltimore County 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Drive for Howard Johnson 3712 Campfield Road Beam Mrs. Prudentia Blizzard 3712 Campfield Rd., Baltimore. MD 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH baares 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED

Lake View Memorial Pk. Sykesville Carroll

STATE

MD

DHMH - 16 50M 1/76 (VR A 15 (4))

(SPECIFY)

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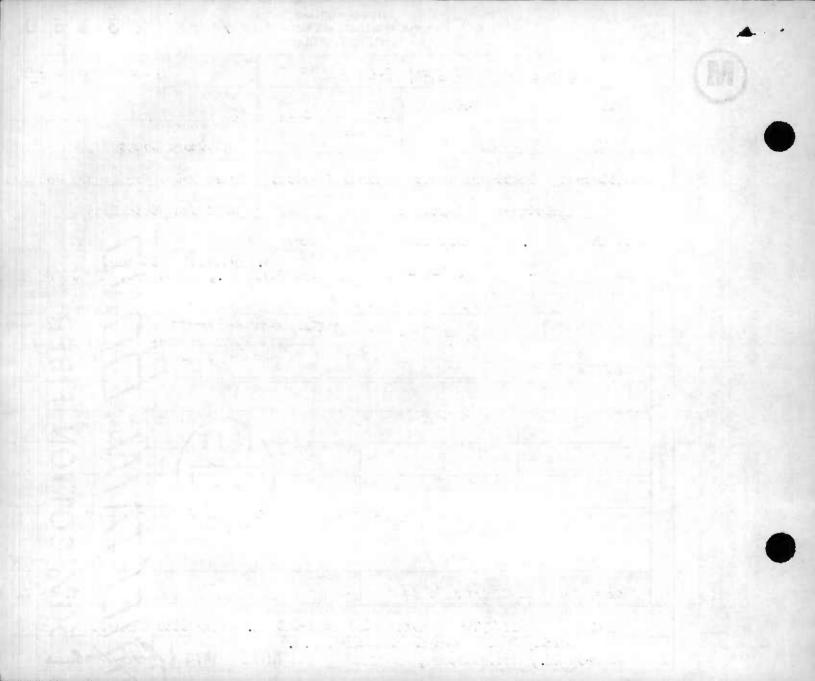
FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)



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should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Deat, of Health and Mental Hygiene prior to burial, cremation, ar removal.

	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	3 8	5 2
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	3 SE	× Female	White	S. DATE C	9-1890 · YEAR	6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
3.5	M C	laryland	U.S.A. U.S.A.	WIDOWE		9 BALTIMORE CITY OF Baltimor 12a USUAL OCCUPATIK (179E OF WORK FOR MOST OF	e Cou	nty 12h KIND C	MD.
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injury, or other troumotic event, the		PART I. DEATH WAS CAUSED	y ane cause per line far (o), (b), an B BY: E CAUSE (o) USE TO, OR AS A CONSEQUE	eres	elevolie CV	discour		BETWEEN	MATE INTERVAL ONSET AND DEATH
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em is s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
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21 is mo		220. I certify that (I) (this haspite sow the deceased alive on abave, (I) (we) (did) (did not	ol) ottended the deceased from	1 4 , or	Oct 7, 1969 and that in (my) (our) apinian o	, todeath accurred an the do			that (I) (we) lost causes stoted

DEGREE 22b. SIGNATURE 22e ADDRESS

23h. DATE

10-27-79

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral

23d. LOCATION CITY OR TOWN Baltimore

----- Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd. 21212

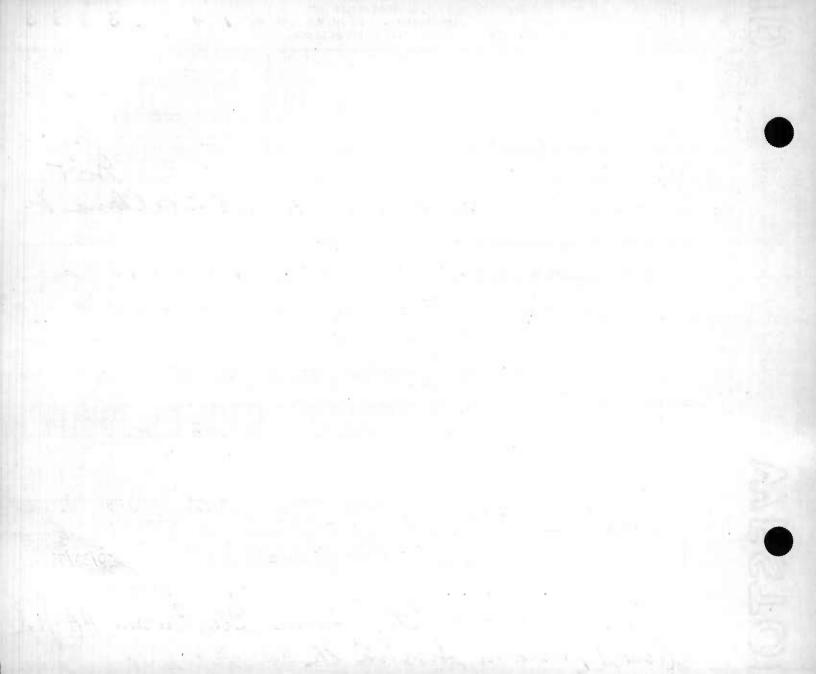
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DHMH - 16 50M 7/77 (VR A 15 (4))

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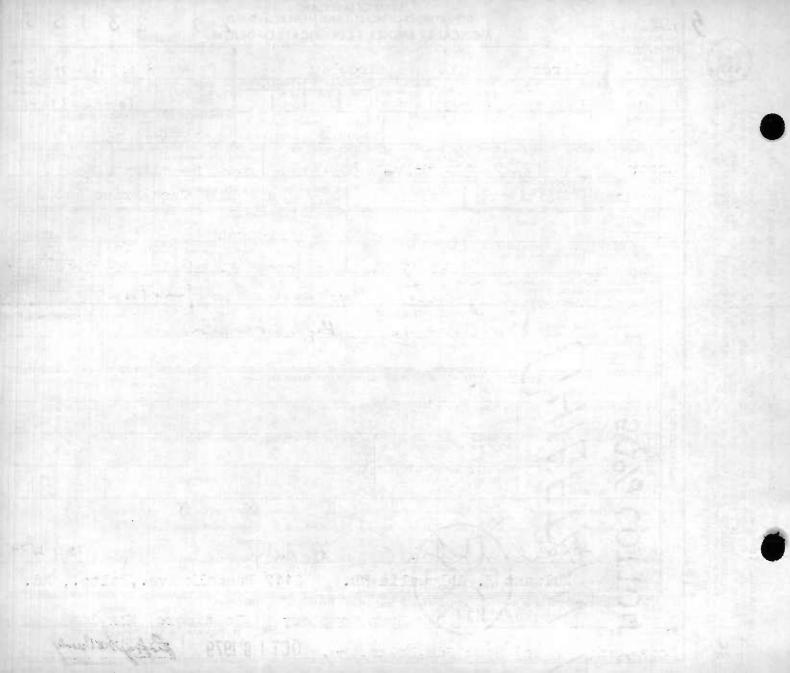
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME AAIDDI E 2a. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 3:00 4 RACE 3. SEX & AGE IN YEARS LAST BIRTHDAY! E LINITIED DA MID HOURS White 1906 70 BIRTHPLACE L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED [120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Catonsville. Md. Bland Bryant ICF Own Home BALTIMORE, MARYLAND 21201 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4212 Gallatin Street Frince Hvattsville Md. Geo. YES IN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Baiochi Cottini Bartholomeo Nunziata ADDRESS13013 Crookston La 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Emanuel B. Briguglio Rockville, Md. 217-30-0644 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY monar DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ande MMEDIATE CAUSE 10 CONSEQUENCE OF 0 Conditions, if any, which gove rise to immediate couse to, stoting AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Z YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 0 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE orked NOT WHILE AT WORK 22a.1 certify that M (this hospital) attended the deceased from sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) relid not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10.16 = Owadom MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be BB 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN (SPECIFY) Burial 10-17-79 Ft. Lincoln Cem. Brentwood P.G. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A 15 (4))

Distributed Detailed of 1999 3 50 Female Lines Comment of the Market William A to the County of the , , , dougosifo Ken Bome So common thought .he .aff trans of the state of the s Usrtandioneo Joutini washuka aloed . w .alliwison or family . 3 femine person to the The Particular Property Services Burthat 10-17-79 M. Mincoln Com. Brentwood W.H. Did N. Smach's Sons W.H. D. W. Myrtasyllte, Md. Bill D. 3/8

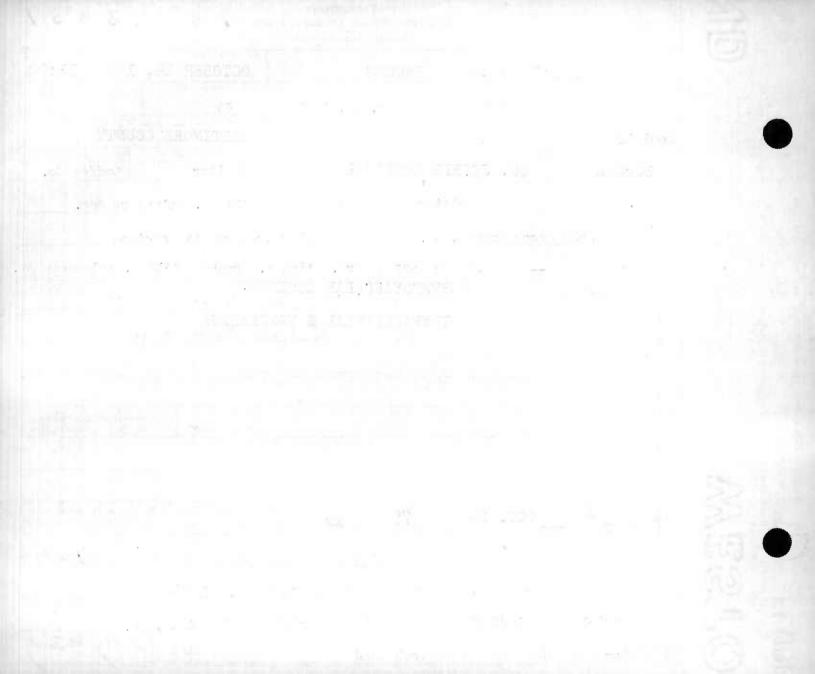
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V	L DILL MAR		ACTUAL ACTUAL	Milan	ali		TITLE (SPECIFY)		DATE	10/12/79
	SHC SHC SHC		SIGNATURE / ///			M.	D. ASPENSE	L MEDICAL EXAMINER	SIGNED_	11
	TO MEDICAL EXECUTE THE CONTROL THE CONTROL TO FUNERAL PATTER DEATH, BALTIMORE, MV		EXAMINER'S NAME KU	lwant S.	Ahluwalia	a MD	ADDRESS 2112	Dundalk Av	e.,Bal	to., Md.
	PAF 10 PAF	23a. BU	JRIAL, CREMATION, REMOVA		23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		rial	10/15/7	9 Oak La	wn C	emetery	Baltimore	, Mary	
	DHMH - 17	24. FU	INERAL DIRECTOR	ADDRESS			250. DATE RE	C'D. BY REGISTRAR	SISTRAN'S SIGN	Partire
	(VR A15 ME (5)) 15M 7/77	Du	da-Ruck Fur	neral Home	Inc, Bal	to.,	Md. UU 1	6 19/9	Math	way .



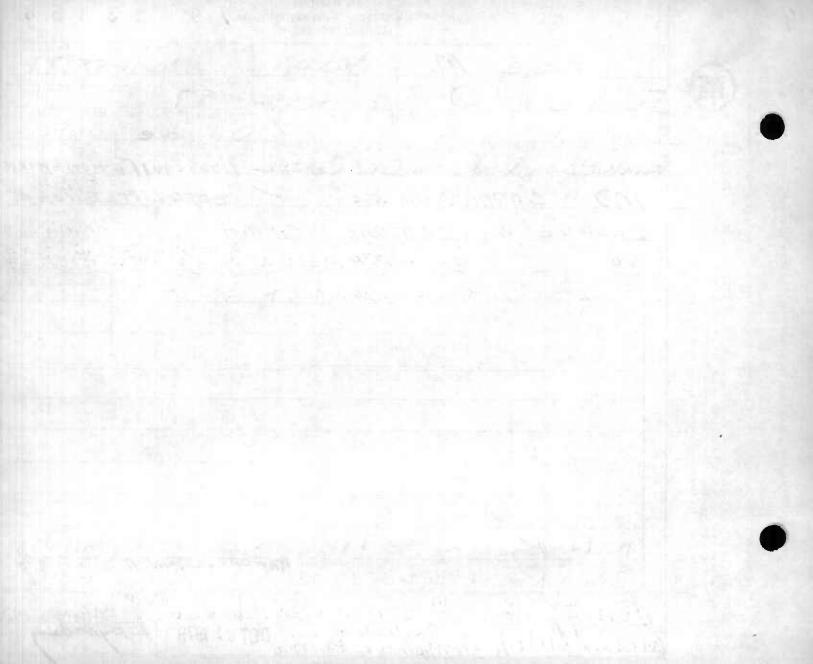
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN K 2b. HOUR TYPE OR PRINTS ESTI-GEORGE 1979 A. BROOKS DEATH MATED 10 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED malle negre 2a 21 20 58 DEAD 10 15 Th. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS Baltimore County North Carolina DIVORCED [] FILED, 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Sparrows Point Dispensary FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE LIF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 35 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1927 Harlem Avenue Maryland Baltimore YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N. ISION OF VITA MIDDLE MIDDLE FIRST John Brooks Mariah Gwyn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h, SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) 240-18-2601 Henrietta Queen 3634 Marriotts Lane Yes Navv 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Rupture of intracranial aneurysm DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. SED AS A BUR F HEALTH AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES X NO 🗌 3 SHOULD BE 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE X 22a. I certify that I took charge of the remains described above, held an ond in my opinion Inspection death resulted from: Notural couses Suicide Homicide Undetermined monner TO M. EXECUTE The PAGE 4 SHOULD TO FUNERAL DIRECT AFTER DEATH WITH SALEMORE, MARYL/ TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-15-79 URCLUSIO EXAMINER'S NAME 111 Penn St. Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 10/19/79 King Memorial Park Baltimore Co., Maryland 250. DATE REC'D. BY REGISTRAR 256, PIGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** 1979 (VR A15 ME (5)) Wm. C. March F/H 1101 East North 30M 7/73

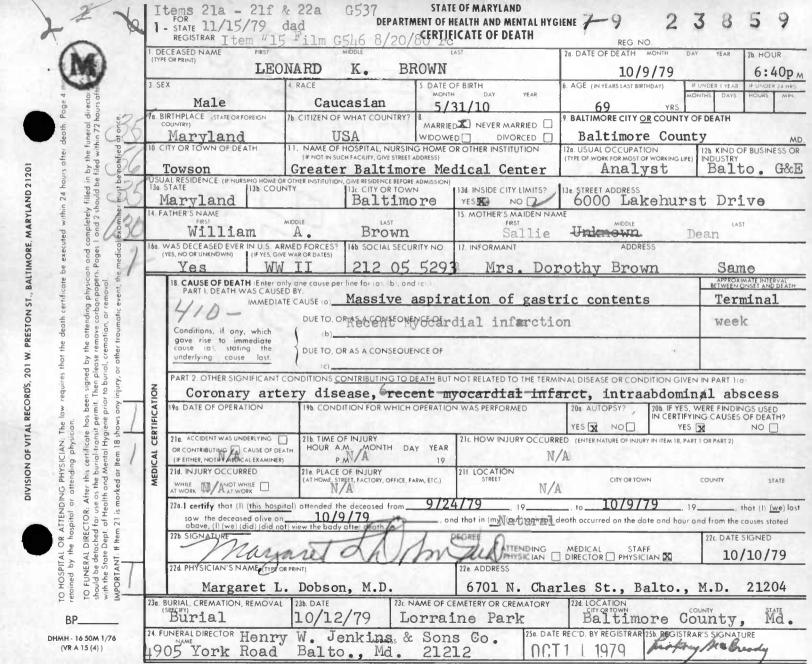
IT., BALTIMORE, MARYLAND 21201	TO HOSPITAL SEATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, po
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	UDING PHYSICIAN. The law requires that the death cer or attending physician.	After this certificate has been signed by the attending
	TO HOSPITAL OF ATTENDING PHYSICIAN The lo	TO FUNERAL DIRECTOR

	1	FOR STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	IENE 7 9	2	3 8	5 7
		DECEASED NAME FIRST TYPE OR PRINT]	WIDDLE	L	AST	20. DATE OF DEATH		AY YEAR	26. HOUR
poge 3		HARVE	Y FRANK B	ROOK	S	OCTOBE	24,	1979	11:00,
director, po	3.	SEX M	4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST 8		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ton 72		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Louisiana	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	BALTIMORE CITY BALTIMO	OR COUNTY		MD.
by the fulled with		TOWSON	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY GIVES TREET A ST. JOSEPH H	ÖSPI		12e USUAL OCCUPA (TYPE OF WORK FOR MOST Auditor		INDUSTRY	F BUSINESS OR
ly filled in should be let must be	U	SUAL RESIDENCE (IF NURSING HOME OR 13b. COUN Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 134. CITY OR TOWN Baltimor	V	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗍	13. STREET ADDRESS	Belved	ere Ave	2.
ompletely I and 2 st examine	0	John Ja	acob Brooks, Sr.			ce Octavia		LAS Son	r
ician and c	5 1	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE NO —	wed forces? 166 SOCIAL SECUI war on dates) 436 09 93		Mrs. Eliza N	. Brooks		. Belv	
in the attending physical deby the attending physical cremation, ar removal or, are another traumatic event, the attending to a contract or attending to a c		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ACER NCE OF	esular Ar EBRAL X HEM Yacvelry	ORRHAGE Lein	ndange		Mate Puterval Puset and Death
en signe Then p or to bur	3		ONDITIONS CONTRIBUTING TO D		Nave.	NAL DISEASE OR CO			
e hos ber sit permit giene pric		196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
certificate mol-transi ental Hygi			P.M.	Y YEAR	210 HOW INJURY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 18, PA	RT OR PART 2}	
ottending the this as the but the and M	1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
RECTOR A ed for use pt of Heal		27a I certify that XI (this hospit sow the deceased alive on above, (X/we) (did) (367Xo) 27b. SIGNATURE	of attended the deceosed from		o 2 9 1979 nd that inXiaX (our) apinion d	eoth occurred on the	dote and hour		
by the hy UERAL DIRI De detache State Dep		22d. PHYSICIAN'S NAME (TYPE OR	rshah.		MISTS ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	10/	14/29
retained by TO FUNER should be a with the Sto	A.2		TAQ A . SHA		7620 YORK		04		
BP	L	Burial Burial			iew Memorial	23d LOCATION CITY OF TOWN Sykesvi	lle. Mo		STATE
DHMH-16 20M (VRA 15, 4) 7/78	- 1	FUNERAL DIRECTOR ITCHELL-WIEDEFEL	D HOME 6500 Yo	ork Ro	- 1	OCT 29 19	P REGISTR	ST SIGNAT	Hebrudy



	1			STATE	OF MARYLAND		eth. 6000 2.5k	20 D
	1.	FOR STATE	DEP		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 7 9	2 3 8	5 8
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9 %		ORPRINT)	M	(3	word.	20. DATE OF DEATH	A -11-1CTO	26 HOUR
ò l	3. SE	01011	RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
Tient	1-	emale.	W	HINOM	LEPSI FI	53	YRS DAYS	HOURS MIN
72 ha		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUN	RY? 8	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
hin 7	10	law and	USA	WIDOWED	DIVORCED		RECOUN	MD.
of the	10	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	TREET ADDRESS)	COTHER INSTITUTION	120. USUAL OCCUPATI	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
in by	USU	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	. Center	TIOUSE	W11-A +10V	SEWIRK
filled ould b	13a. S	TATE D STATE	13 CITY OR	TOWN	136 INSIDE CITY LIMITS?	30 74	LITTIES	TOWN
2 sh	14. FA	ATHER'S NAME	DIE LAST	7.1712	15 MOTHER'S MAIDEN NAM	E		
omple ond	1 1	SEUR GE	W. DU	FTEREN	EMM	1 A MIDDLE	FORI	nWALT
ges		VAS DECEASED EVER IN U.S. ARMEI			17 INFORMANT	WESTIN	NSTER, MIS	PIKE
0 %		100	214-1	4-6884	MELVIN	BROWN		ESTONN
physicin npoper maval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: C = 5		swlan Ac	+ -0 - +	BETWEEN	MATE INTERVAL ONSET AND DEATH
po por		1/2/ IMMEDIATE C			storal 14	6,000		
nave car lotion, ou fraumat		Canditions, if any, which	DUE TO, OR AS A CONSI	EQUENCE OF				
er tr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	OUENCE OF				
or oth		underlying couse lost	(c)				<u></u>	
signed hen ple to burio qury, or	Z	PART 2 OTHER SIGNIFICANT CON	iditions <u>contributing</u>	TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 16	D'
been prior any ir	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	I WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIND I	NGS USED
	Ē		00			YES NO	IN CERTIFYING CAUSES	NO [
DE HE		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
Aento Aento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	19	211 LOCATION			
	MEC	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
alth mor		22a. I certify that (I) (this haspital)	attended the deceased fr	om 17 18	19 7 7	ta	19 7	that (I) (we) lost
of H of H			10116		that in (my (our) apinion d	eath accurred on the do		
ched ched Dept.		22b. SIGNATURE	ew the oddy offer acom.	D	EGREE		22c. DATE	SIGNED
		Mult /C	un	V	ATTENDING PHYSICIAN D	MEDICAL STAF	JOI DIAN	17/79
D M ON A		22d. PHYSICIAN'S NAME (TYPE OR PRI		/	22e. ADDRESS RAN	DALLSTER	W, MD. 2	1133
to FUN should b with the IMPORT	-			un	81701	Jery 1	Carp 12	ille.
3P	230. (SURIAL, CREMATION, REMOVAL 13	0 CT 19		METERY OR CREMATORY PISCEMETA	23d. LOCATION / CITY OR TOWN	ER CARI	STATE MD
AH - 16 60M 1/75	24. FI	INERAL DIRECTOR D	ADDRES		tous 250. PATE		25b. R. GISTA R'S SIGNAT	BEARL TO
RA 15 (4))	A	Man of Jutille	L ZLIKMES	1.000	Pa 12342	1 6 1012	7	7





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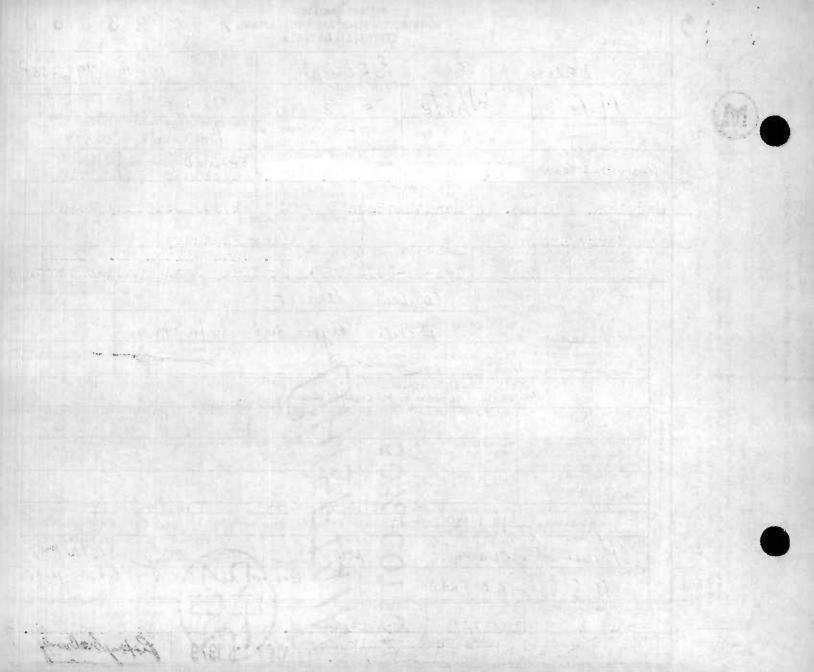
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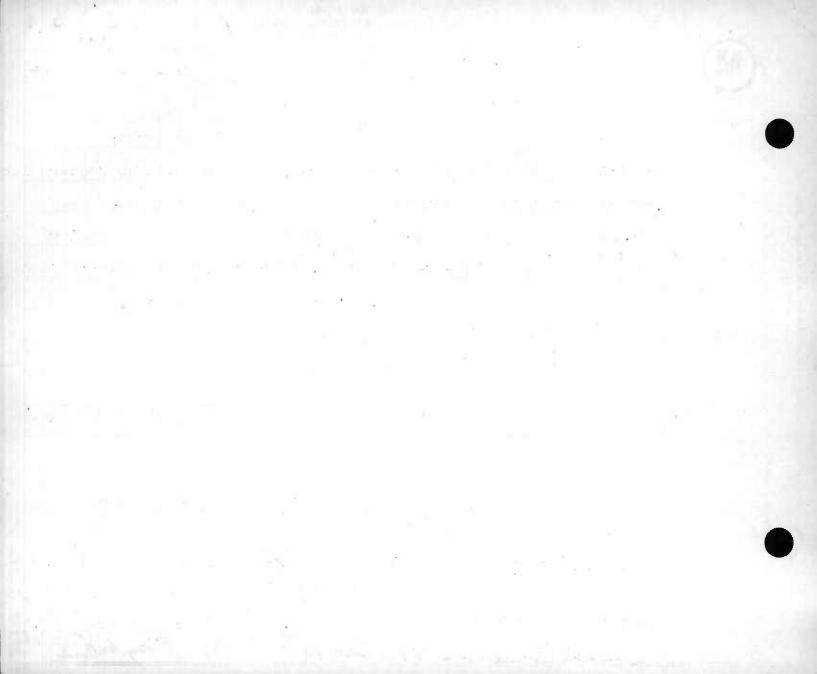
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

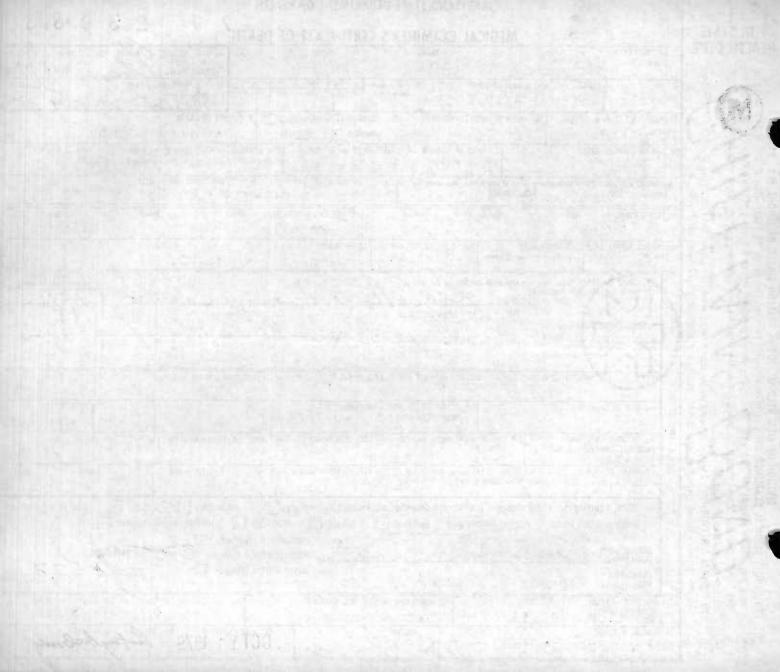
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	1			STA	TE OF MARYLAND			/
	1.	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 3 8	6 2
1		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MO	ONTH DAY YEAR	2h HOUR
NAME OF	1,	JOSE	PH QL M	. B	USSEY	10	0 5 1979	3 PM
(IAI)	3. SE	X	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
11		MALE	WHITE	*3	10 59	20	YRS	HOURS MIN
70 10		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	INTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
(20	7	MARYLAND	LISA	WIDOW		BALTIMO	RE COUN	TY MD.
11 30/	Jr.c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
3 0/8	1000	HOUS MILLS	ROSEWOOD		TER	NONE	J. 11 - 200 - 11 - 12 - 12 - 12 - 12 - 12	
11 20	15U 3a :	AL RESIDENCE (IF NURSING HOME CO	DR OTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
			DE ARUNTEL		YES NO	THE STREET MODILESS		
22.5	14 F	ATHER'S NAME	WIDDLE LA	101	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAS	
puo / Du	1	EDWARD	Bi	ISSEY	Bery1	MIDDLE	LA:	31
dico dico		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRESS		
Poge	-	NO OKONANOWA) (IF TES, GI		82-2363	3			
sicion spers.		18 CAUSE OF DEATH (Enter of	inly one couse per line for (o),	(b), and (c)			APPROX BETWEEN	ONSET AND DEATH
phy mov vent			only one couse per line for (o), ED BY: ATE CAUSE (o)	opina.	Low Ind.	140	7	hours
ding pr re		7561		ISEQUENCE OF	1			
rend on, o		Canditions, if any, which	DUE TO, OR AS A CON	AL O AL AL	12 Mussellas	. Dunderick	, Jo	years
ema emati emati		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CON	ISEQUENCE OF		700		A (1.00)
ebse rol, cre		underlying couse lost.	(C)	43EOOEIACE OI				
e da s		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	0
를 다 를 신	N O	DONE						
prior pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED		Ob. IF YES, WERE FIND IT	
S a s a	Ē	DODE				YES NO	YES [NO NO
Hygi 18 sh	1 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN	HITEM 18, PART 1 OR PART 2)	
FIGE /	4	OR CONTRIBUTING CAUSE OF DE	AIR	19				
the buria and Meni ced or He	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
s the and	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	J	CHIOKIOWA	COOMIT	STATE
se o se o mo		220.1 certify that (H=(this hasp	pital) attended the deceased	fram S	4 , 19.67	_, to10/5/	19.79	that (I) (we) fast
TOR for u		saw the deceased alive a	10/5	1929	and that in (my) (aur) apinian	death accurred an the date	and haur and fram the	couses stated
REC ped to	1	22b. SIGNATURE	wiew the bady after death		DEGREE		22c. DATE	SIGNED
L DIRECTO	1	Maria	Lumer	news, M.	ATTENDING	MEDICAL STAFF	10/3	5/79
ERAL Store	10	22d. PHYSICIAN'S NAME (TYPE	,		22e ADDRESS	DIRECTOR PHISICIAL	10	1.1
should be d		MARIA CIL	MBINAS, M	5	ROSEWO	OD CENTE	0	
Of S A A	722	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION	- 1	
	230	Remova 1	10/6/79	ZSC. INAVNE OF	CEMETERT OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	74 F	NERAL DIRECTOR	10/0/19		25a DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	TERE
16 60M 1/75 A 15 (4))		natomy Board	Balt	RESS Md.	230. DA1	OCT 1 0 1978	J. REGISTRAR'S SIGNA	100 Brooks
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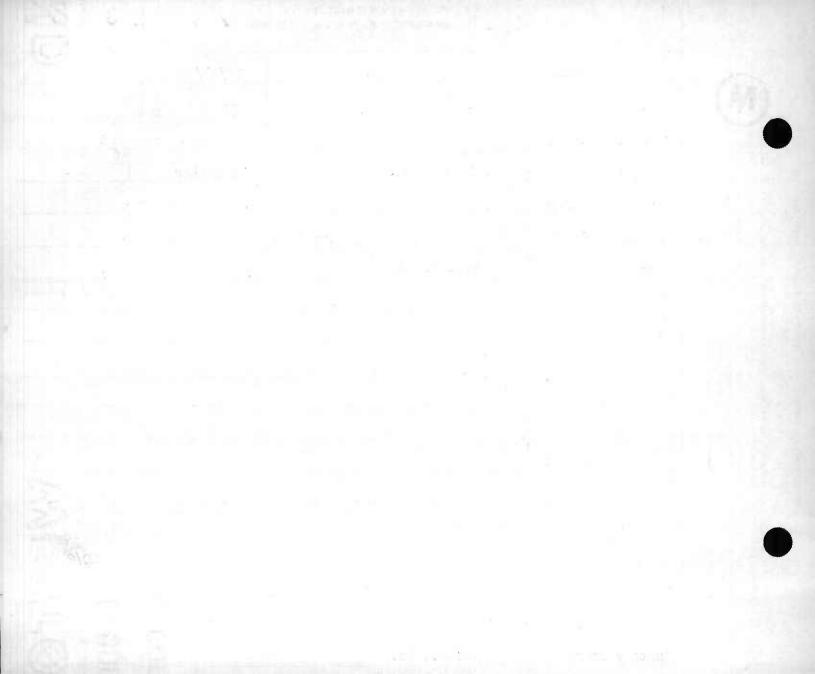
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FOR STATE									7 9	2	3	3 6	3
HEALTH DEPT.				MEDIC	AL EXAMI	NER'S CE	RTIFICAT	E OF DEAT	Ή'		/		
HEALIH DEFT.		ype or Print)	Fir		Middle		Last			IOWN Mo	anth Day	y Year	2b. HOUF
is to to of	,		Marga:	ret	Marie		Butle		DEATH M	ATED De	Toker	197	9 101
5	3. SI		4 RACE	S. DATE OF BIR		6. AGE (In years	MONTHS DAYS		S. 2c. DATE PRO	ONOUNCED DEA	ID	Vaca	2d HOUR
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the start of the s		ITY OR TOWN OF	DEATH		AME OF HOSPITAL (tal 12a. USUAI	OCCUPATION (Ki	nd of work do	ane 12b.	. KIND OF E	BUSINESS OR
the de	SI	parks		ased lived, if institu		Belf	ast Ro	d.	st af warking life		JSEW	IFE	
fred Gong	13a.	USUAL RESIDENCE Imissian) STATE	(Where dece	ased lived, if institu 13b. COUNTY I	itian: Residence b			13d. INSIDE CITY LIMITS		AND NUMBER	63	21	153
2 2 B B B B B B B B B B B B B B B B B B						Spar		YES NOX		. Box	0.5		
一直 日本 の経費	14. F	ATHER'S NAME	First	Middle		Last	1s. MOTHER'S A		irst	Middle	13	Grim	Lost
88 SE SE		Jac		M				uella				GL TIII	Ш
TREET, B within 24 pencil in caminers le pages 72 hours		WAS DECEASED EVER es, na, or unknawn		Ve war or dates of service)	16b. SOCIAL SECUR		7. INFORMANT			ADDRESS	1	10.	
STREET, within pencil Examine Examine 72 had		No					Walk	er B. B	utler-	-Same	as	13e	LATE INTERVAL
in in in it. F		18. CAUSE OF D	DEATH (Enter of ATH WAS CAUS	only one couse per li	ine for (a) (b), and	d (c).)	1	0	0	/	_	BETWEEN ON	NATE INTERVAL NSCT AND DEATH
executed ending" in F Medical E it permit. F	V3	1150	IMMED	OIATE CAUSE (a)	NC	della	xell.	more	us Co	0-116		dy,	the -
ex ex end end it per it pent		Conditions, if on	which gave		AS A CONSEQUEN	CE OF	1	1 8/	11	1	-	207	-1 -
on w. PRESTON and be executed vard "pending" in the Chief Medical Eal-transit permit. Fany event within		rise ta immedia	ate cause (a),	(b)	AS A CONSEQUEN	fla	Regel	11-	CVI			10-	90
This certificate should be executed within 2 cate, writing the ward "pending" in pencil it be farwarded to the Chief Medical Examiner be used as a burial-transit permit. File pages riremayal, and in any event within 72 hours	8	stating the und	lerlying cause	DUE TO, OK	AS A CONSEQUEN	CL Or	0					/	
sho sho to the volume to the t	13	DADT 2 OTHER SI	CHIEICANT CON	(c) IDITIONS CONTRIBUT	INC TO DEATH BUT	NOT DELATED	O THE TERMINA	I DISEASE OR COME	NTION CIVEN IN D	ADT 1/a		•	
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rtifii ritir rard vard	TION	19a. DATE OF OP	ERATION		19b. CONDITION F	OR WHICH OPE	RATION					20. AUTO	PSY?
FUTAL REC This certificate, writing be farward d be used of	CERTIFICATION				WAS PERFOR	RMED?						YES	NO Z
VITA This ricate, be for a per unit of the per		21a. EXTERNAL CA			INJURY Month, Doy	y, Year 2	c. HOW INJURY	OCCURRED (Enter I	nature of injury in	Part 1 or Par	rt 2, Item	18.)	
# # T	MEDICAL	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING	HOUR A.		19							
INER: Thi e certificat e certificat should be files. 3 should be arron, or free arron, or free arron, or free erron, or free error erro	MED	21d. INJURY OCCL	JRRED 21e	. PLACE OF INJURY (At hame, farm, str	reet, 2	f. LOCATION Stre	eet or R.F.D. Na.	City ar	fown	(County	State
		WHILE NOT	WHILE WORK	factary, affice buildin	ig, etc.)					/	/		
DIVIS AL EXAM execute the r. Page 4 I for your TOR: Page	1			took charge of t	he remoins des	eribed obove	held an Au	utopsy .	Inspection 4	Inquir	у П,	and in	my apinia
MEDICAL Epleose execudirector. Paretoined for DIRECTOR: If to buriol,			ulted fram:		ses Acc			, Homicide		mined mar	/ bearing		
MEDICA pleose en I director retoined I DIRECTO			21	27	2			CHIEF MEDICAL EXA				ca .	4
Y MED , pleosion directly be retoin AL DIRE		SIGNALULE	mes	thos 16	1200	escel	26	ASSISTANT MEDICAL	-	72b	DATE SIGN	NED /	/
Be be		EXAMINER'S	,	Miles May	STOLEN CO.		- 1	DEPUTY MEDICAL EX	(AMINER	1	11	575	19
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health Prior to buriol, crem		NAME (Type)	Char	les F.	O'Donne	211	1	ADDRESS(Street, city	y, town, or county		1	1	
nece the 5 m	230	BURIAL, CREMATI		b. DATE	23c. NAM	E OF CEMETERY	OR CREMATORY		23d. LOCATION (C		(Cor	unty)	(State)
		rematic		0/11/19		een Mo	unt		Balti				Md.
VR A15ME (5)		FUNERAL DIRECTO		D		ADDRESS	34.7	1 1 1 1 1 1 1	REGISTRAR	2Sb. REGUE	RAR'S SIGN	IATURE	
10M - 1/69	W	alter E	rooks	Bradle	y inc.	Balto	. Md.	DATE UU!	T (1973	pro	1441	NOON	eery



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 7 9	2 3 8 6
		CEASED NAME FIRST OR PRINT)	WIDD/E	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUF
	_	Ruth	Marie	BUTLER		10 24 79 1:15
	3. SE	· _	4 RACE	5. DATE OF BIRTH MONTH DAY, YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
	7 0	271101 4 65	VV	12/26/22	56	YRS
ouce.	/a. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH
1	10.0	TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED		ore County
Service Company	10.0	0	(IF NOT IN SUCH FACILITY, GIVE STRE		128. USUAL OCCUPATI	
5/	14514	ROSSVILLE	FRANKIN	SA. HOSP.	HSWE	
a ts2/h	13a. S	AL RESIDENCE (IF NURSING HOME OF			13e STREET ADDRESS	
ESO		MD B	ALTO ESSE		253	NANTORE
wine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
530		15 EORGE	B. HALE	Y GARNE	T. T. Po	ARKS
medico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRE	SS
mec	,	No		NK PATRICIA	FORD	328 HOM BEAG
s any injury, ar athe	CERTIFICATION	cause (b), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TER	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
3	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	1216 HOW IN HIRY OCCU	YES X NO	YES NO RY IN ITEM 18, PART 1 OR PART 2)
shows						
0 9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TRED (ENTER NATIONE OF INJUI	The state of the s
1 mem 18		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	MALED (EMIER MATORE OF MILE)	
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	CITY OR TOV	
7		OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 21f LOCATION STREET	CITY OR TOV	VN COUNTY SI
0 9		OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspi	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE atal) ottended the deceased from	DAY YEAR 19 21f LOCATION STREET 9/11/, 19.79	city or tov	vn county st
1 mem 18		OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospi sow the deceased alive on obove, (I) (we) (did) (did no	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE atal) ottended the deceased from	DAY YEAR 19 21f LOCATION STREET 9/11/, 19 79 79, and that in (my) (aur) apinio	city or tov	COUNTY ST
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If Item 21 is marked ar Item 18		OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 11) ottended the deceased from 10/24/ 11) view the body after death.	DAY YEAR 19 21f LOCATION STREET 9/11/ 19 79 79, and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TOV	COUNTY STA 24/ 19 79 , that (I) (we see and haur and from the causes sta 22c. DATE SIGNED 10/24/79
if item 21 is marked at item 18	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE Dean R. Taylo 22d. PHYSICAPI'S NAME TOPE URIAL CREMATION REMOVAL	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL ital) attended the deceased from 10/24/ 19. it view the body after death.	DAY YEAR 19 21f LOCATION STREET 9/11/ 19 79 79, and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TOV 10/2 In death accurred on the di MEDICAL STAL DIRECTOR PHYSIC 1klin Square	COUNTY STATE
Ifem 21 is marked ar Ifem 18	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this haspi sow the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE Dean R. Taylo 22d. PHYSIC API'S NAME TYPE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10 / 24 / 19 11 view the body after death.	21f LOCATION E, FARM, ETC.) 21f LOCATION STREET 9/11/, 19 79 79, and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 9000 Frar NAME OF CEMETERY OR CREMATORY A ROENS OF SALE	MEDICAL STAIL DIRECTOR PHYSIC	COUNTY ST

DHMH - 16 50M 1/76 (VR A 15 (4))

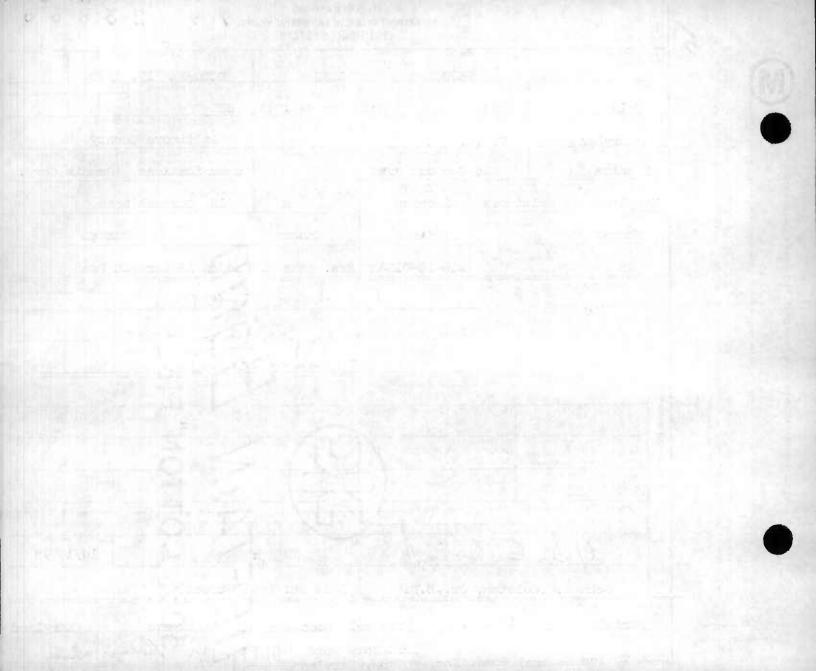
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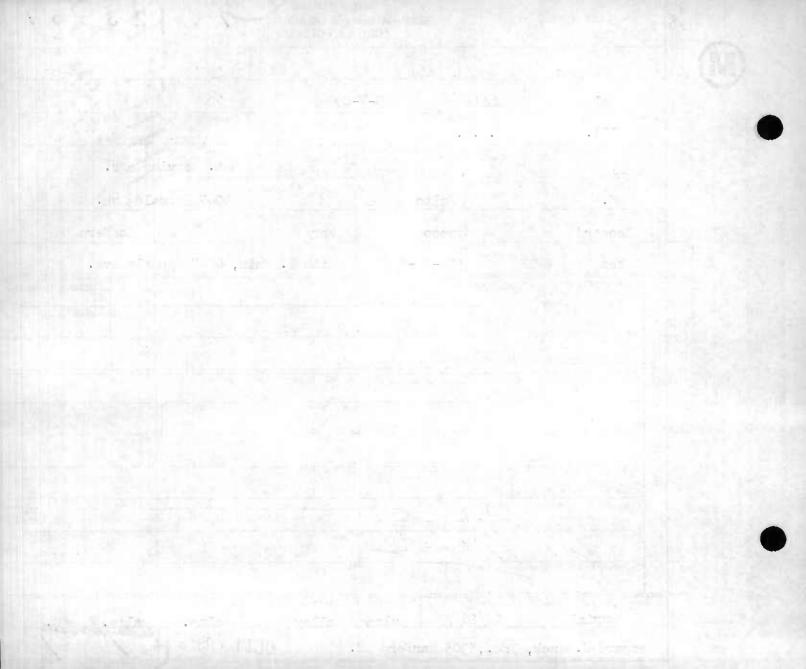
Home, Inc. Towson, Maryland

(VR A 15 (4))

Ruck Towson Funeral



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS Clemens 10/15/79 M. Cain 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 24 HRS 9-9-09 White Male To BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore County 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Ret. Service Mgr. F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Towson 6701 N. Charles Street 21204 GBMC. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4047 Lyndale Ave. Balto Md. YES A 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mary Confere Sympson Leonard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-03-0065 Edith E. Cain, 4047 Lyndale Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY MMMEDIATE CAUSE (D) Hepatic failure DUE TO, OR AS A CONSEQUENCE OF Conditions, Hepatocellular Jaundice if ony, which month immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying last couse Biliary cirrhosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION Old C.V.A. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Exploratory Laparotomy Liver Biops 🗸 NOF Mental Hygi 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL burial (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 10/15/79 now the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (fi (we) (did) (did not) view the body after death 17h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF should be deto with the State IMPORTANT: I MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 10/15/79 THE PHYSICIAN'S NAME ITTER OF PRINT 22e ADDRESS Shafik. Charles St. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE COUNTY STATE Buria Dulaney Valley Balto. Palto. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Leonard J. Ruck, Inc., 5305 Harford Rd. (VR A 15 (4))



and proposition according to the state of the s

10/8/79 CHU SK BAULET CHILITORN TELLBOOK, 10.

A STATE OF A DIES STEEL BOY STEEL BOY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TTYPE OR PRINT ESTI-GEORGE ROBERT CARR DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUM Male White ,1923 6 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. Baltimore County, DIVORCED . WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Administrator U.S. Govt Plesant P 21204 lains Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Baltimore 13c 21 28 2WN 13d. INSIDE CITY LIMITS ... 8117 Pleasant Plains Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST George Marie C. Wentz Carr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 21204 ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 216-16-5786 I. Carr 8117 Pleasant Plains Dorothy 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL SETWIEN QNOSEF AND DEATH PART I DEATH WAS CAUSED BY of O'ans IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AND MENTAL gove rise to immediate cause (o) stoting the underlying couse last ATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 in IFICATION USED OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO PAGE 3 SHOULD BE STATE DEPARTMENT BE CERTI 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 19 PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 EXECUTE INC.
PAGE 4 SHOULD BE TO:
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE S:
RALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection/ ond in my opinion Notural couses deoth resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) DATE MEDICAL EXAMINER Charles F. O'Donnell. EXAMINER'S NAME York Road (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Balto. Co., Md. Dulaney Valley Mem. Mem Gar BATTO CO 110 BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) E. Johnson 8521 Loch Raven 15M 7/77

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J DECEASED NAM (TYPE OR PRINT) 3. SEX 7a. BIRTHPLACE (COUNTRY) 10 CITY OR TOWN ROSSI USUAL RESIDENCE 13a. STATE	Bessie F. 4. R STATE OR FOREIGN 7b. C	Mae ACE CITIZEN OF WHAT COUNTE	CARTER 5. DATE OF BIRTH MONTH DAY	6. A	October		1979	2b. HOUR
10 BIRTHPLACE COUNTRY IV	STATE OR FOREIGN 7b. (W					17/7	8:45F
10 CITY OR TOWN 10 CITY OR TOWN 10 CITY OR TOWN 10 CITY OR TOWN	1. C.	CITIZEN OF WHAT COUNTS	1 2 113	YEAR	GE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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50 m	りかん	13c. CITY OR TO	OWN 13d INSIDE C	ITY LIMITS? 13e	STREET ADDRESS		57	
14 FATHER'S NAM FIRST MON	ROE JOH	NSON	MA	SMAIDEN NAME	GRIS-SI ADDRE	TH	LAS	šT
16a WAS DECEAS	SED EVER IN U.S. ARMED NOWN) (IF YES, GIVE WAR	COR CATEGO	ECURITY NO. 17 INFORMA	ey Joh	ASUM ADDRE		ABOV	IMATE INTERVAL ONSET AND DEATH
couse (o underlying PART 2. OTI	(QUENCE OF TO DEATH BUT NOT RELATED ICH OPERATION WAS PERFO		L DISEASE OR CONF		/EN IN PART 1(d	
SERTIFIC	NT WAS UNDERLYING	21b. TIME OF INJURY		,	YES NO	IN CERTIF	YING CAUSES	
OR CONTRIBU	TING CAUSE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR		(ENTER NATURE OF INJUR	RY IN ITEM 18, P	ART I OR PART 2)	
21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	DN	CITY OR TOW	VN	COUNTY	STATE
sow the	e deceosed olive on O	ctober 16 19 withe body ofter death.	m October 1 9 79 ond that in (mx)	5 19 79 (our) opinion deof	to Octobe h occurred on the do	r 16 ote and hou	19 79 . for ond from the care 22c. DATE	couses stated
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	na Rao, M.				in Squar	e Dr	.,Balt	o.Md
(SPECIFY)	MECAL 2	15/17/29 2	GRANT CE		23d LOCATION CITY OR TOWN INDEPENDE	Twee.	COUNTY	STATE

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MESSELLE FRANKER SA STREET October 15 79 October 16 72 1

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	(an)	3. SEX	4 RAC	E 5.	DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER 24 HR	S. 2c. DATE	CED	HINOM	DAY YEAR	2d. HOUR
	(BAIN)		M	W .	1 2	'13	66 YF		JUNIS	MIN.	DEAD		10	3 19 75	9
	SE SEE O	70. B	RTHPLACE (STATE OR PREIGN COUNTRY)	71	b. CITIZEN OF W		TRY?	8. MARRI	D X NEV	ER MARRIED			_	Y OF DEATH	
	S FORES		alto., Mo			S.A.	achie ile il	WIDOW		DIVORCED			Coun	1 ty 12b. KIND OF B	MD.
	AV IS THE P				1. NAME OF HO	ACILITY, GIVE ST	REET ADDRESS)		_	D : 1	liard	CINGLIFET	in P	ORINDUS	TRY
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MD. 2		14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN NA	ME	DDLE		LAST	
ž.	DEAT PAND AND AND AND AND AND AND AND AND AND		Jol	hn Car	rter						erine				
MOM	FTER DE FORM FORM ON OR	(Y	VAS DECEASED EVER ES, NO. OR UNKNOWN)	(IF YES, GIVE WA			TAL SECURIT		17. INFORM			ADDRES:		2120	
BALTIMORE,	URS AFTER DEATH. I	N		•			-10-2	301	Mr.	John C	arter	, 45	Z K10		e .
ST., B			18. CAUSE OF DEAT PART I DEATH W	AS CAUSED B	SY:	e far (a), (b)	, ond (c).)	11	To	MI.	0			BETWEEN ONS	ET AND DEATH
	2 = 3 4 5 ;	16	410	IMMEDIATE		R AS A CON	ISEQUENCE (OF		7 // (<u> </u>				
PRESTON			Canditions, if		(b)		A	30	V	0.					
3	REAL TANK		couse (a) stating	the under-		RASACON	SEQUENCE (OF							
301	E-XXXXX		lying couse lost.		(c)										
RECORDS,	S A TH A	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO DEAT	RUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1 (a).		6			
REC	HEF MINE AND BENEAU OSED A DF HEAL	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. COND	ITION FOR V	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOPS	Y?
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DIVISION OF VITAL	S CERTIFICATE SH RITING THE WORR RED TO THE CI RE 3 SHOULD BE E DEPARTMENT OF PRIOR TO BURIAL		210 EXTERNAL CAU		121b. TIME C		DAY YEAR		W INJURY	OCCURRED (ENT	ER NATURE OF INJ	URY IN ITEM 18	B PART 1 OR PAR	IT 2)	
NOIS	SHOUND OR TO	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR	CAUSE OF DE		A. OF INJURY	19	216 100	CATION				4.00		
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	R: THIS ON WARD OR WARD OF WARD E: PAGE E: STATE		22a. I certify that		of the remoins de	scribed aba	ve, held an	Autap	у 🔲 .	Inspection X	, Inquiry	X	nd in my opi	inion	
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7.34	AHOAT X	-	SIGNATURE	Kes	m zu	will	2	WOW	D. 101	quite m	EDICAL EXAM	INER	DATE	010/4	14.
	MEDICAL E ECUTE THE (GE 4 SHOU FUNERAL I TER DEATH,		EXAMINER'S NAME	TJES	STER N.	KOTI	MAN. 1	M.D.	ADDRESS.	11 Sla	de Av	enue			
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER AFTER DEAT BALTIMORE	23o. B	(TYPE OR PRINT)				NAME OF CE	*			TOCATION			PAN .	
	BP	1	rial		0/8/79		relan				Ba		ore,	Md.	STATE
	DHMH · 17	74 F	LINERAL DIRECTOR							25a. DATE CECE	BY REGISTEN	7 356. REC	SEEDNES	SHAMECO	roolig
	(VR A15 ME (5)) 15M 7/76	Mi	tchell-W	iedef	eld Ho	ne -	6500	York	Ka.				1		1

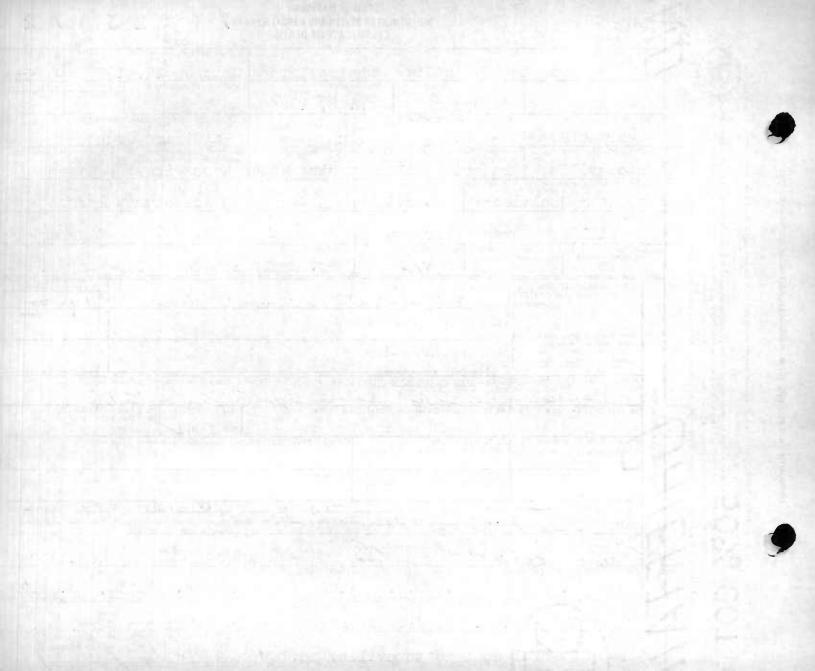
Liver nove energy Liver Att. St. Heather . E. W. St.

Catonsville, Md.

(VR A 15 (4))

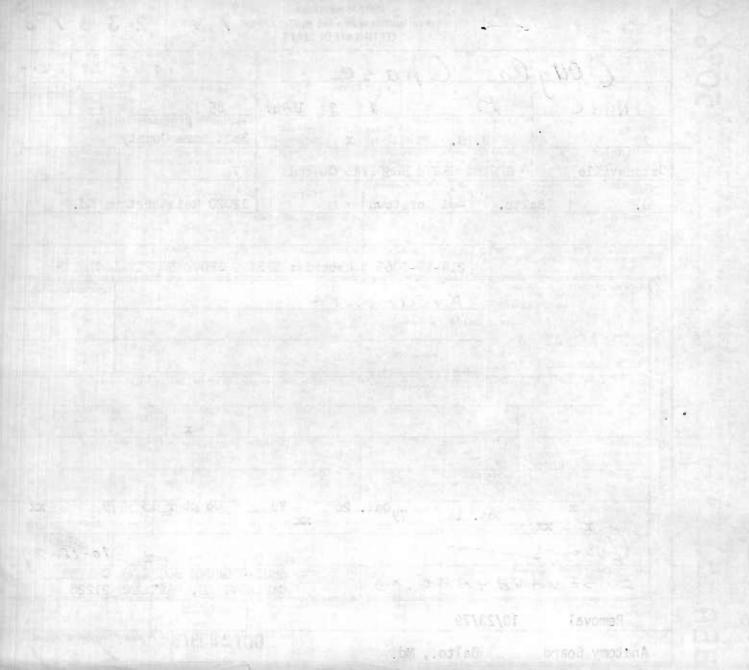
MacNabb Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1.	FOR STATE REGISTRAR		-e	DEPART	MENT OF H	EALTH AND MENTAL ICATE OF DEATH		NE 7 9	2	3 8	7	3
		CEASED NAM- ORPRINT)	Wa	Pas 1	Ch	a S	AST C DF BIRTH		O. DATE OF DEATH AGE (IN YEARS LAST BIR	10 1.	P 79 IF UNDER 1 YEAR	3 · 2	.c A M
		male	0	B		MONTH	? 189		85	YRS.	MONTHS DAYS	HOURS	MIN
et age	C	RTHPLACE (STATE OR FOR OUNTRY)		U.	S.	WIDOWE			Baltimore city of Baltimore	Count	У		MD
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37.	13e	d.	13P CON		Reister	VN	13d. INSIDE CITY LIMI YES NO		street address 12020 Rei	sterst	own Rd		
23	14. F/	ATHER'S NAME FIRST	,	MIDDLE	LAST		15. MOTHER'S MAIDE FIRST	ENNAME	MIGGLE		LA	AST	
1		VAS DECEASED EVER II YES, NO OR UNKNOWN)		MED FORCES? WAR OR GATES)	218-10-		Records:	SPRI	ADDR NG GROVE 1			TER	
	ATION	Conditions, if ony, gove rise to immicause to!, stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI	ediate the lost. IFICANT C	(c) CONDITIONS <u>C</u> C		DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	20b. IF YES	, WERE FIND	INGS USE	
huo smous 2	CERTIFICATION	210. ACCIDENT WAS UNDE	RLYING [21c. HOW INJURY OF	OCCURRED	YES NOW	YE	YING CAUSE S ART 1 OR PART 2}	NO [
marked ar Item 18	MEDICAL C	OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRE WHILE NOT WHI AT WORK AT WOR	AUSE OF DEA LEXAMINER) ED	P 21e PLACE (AT HOME, STR	M. OF INJURY REET, FACTORY, OFFICE,		21f. LOCATION STREET		CITY OR TO	IWN	COUNTY		STATE
m 21 is		220.1 certify that (DA) saw the deceased above; N (De) (di) 22b. SICH-	this haspi d alive on d) (d 4 ho	tol) attended the	ofter death.	, ar	26 , 19 and that in (my) 20% ap	78 pinian dec	to <u>UCTOBE</u>			, that (I) are couses stored	ated
		(Www	m		٥٠٠		ATTENDI PHYSICI	IAN	MEDICAL STA	CIAN	10-	18-7	79
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		BURIAL, CREMATION, R SPECIFY) Removal	REMOVAL	10/23/		NAME OF C	EMETERY OR CREMAT		23d. LOCATION CITY OR TOWN		COUNTY		ATE
7	24. F	Anatomy Bo	ard	F	Balto., N	1d .	250	So. DAD	59°2°9°1979	25b. RECEL	HARD-SHEAST	TURE SAD	7

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			STATE OF MARYLAND
X.		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 9 3 8 7 4
0		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST	MDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26 HOUR
######	(TYP	FRANC	A A A A A A A A A A A A A A A A A A A
10000	3. SEX	4. RACE	
不用 非 3	33	m W	S. DATE OF BIRTH ONLY VEAR ONLY
124 11	Ja Bi	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
SE SE SO		MD.	USA WIDOWED & DIVORCED BALTO, COUNTY MD.
HE SE	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK IN 126. KIND OF BUSINESS OR INDUSTRY)
. F ANY DELAY IS N. 2. AND 3 TO THE ESTAIN PAGE SHOULD BE FILED L. RECORDS, 301		IDDLE RIVER	864 COCK TREE RD. BROWERS
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	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME
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		AT WORK AT WORK	
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29 2 - Z	200	death resulted fram: Natur	ral causes Accident Suicide Hamicide Undetermined manner ,
EXAM CERTIF UID BE DIREC WITH	30	100	24// / TILLE (SPECIFY) A
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RAITHE RAITHE		SIGNATURE / 1 / 1	M.D. MEDICAL EXAMINER SIGNED
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S G G G G G G G G G G G G G G G G G G G		(TYPE OR PRINT)	ADDRESS ATTA, VALLACIA NO SALUTILLE
TO MEDICAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH. BALTIMORE, MA	230.B	JRIAL, CREMATION, REMOVAL 2	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION COUNTY STATE
BP		BUNIAL	11/2/79 HELY RESARY BALTE MD.
DHMH - 17	24. FI	JNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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116 43	3,51	No.	1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

October 16, 1979 2:55 Am IF UNDER 1 YEAR IF UNGER 24 HRS 20

BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

BALTO MEC CENTER

Sentman

STATE OF MARYLAND

CERTIFICATE OF DEATH

NO [

COUNTY STATE

YES X

22c DATE SIGNED 10/16/79

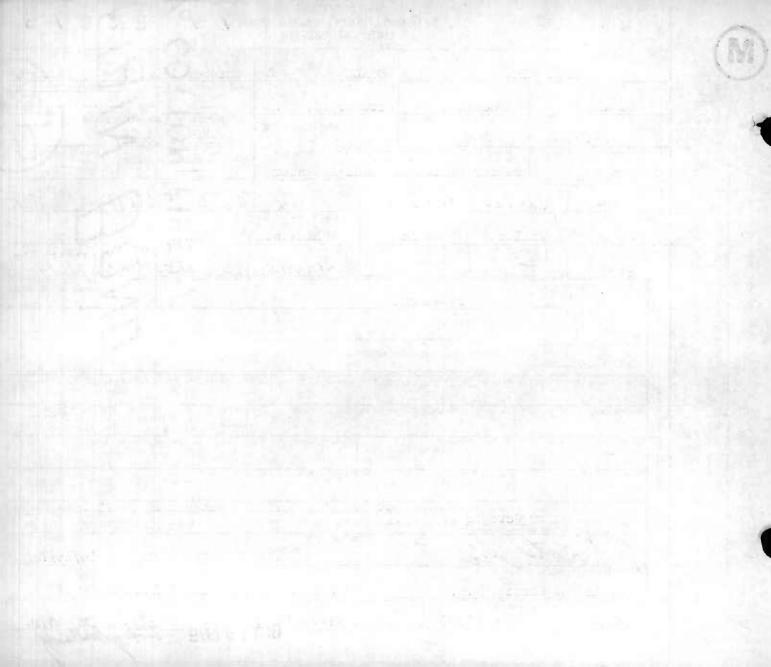
24 FUNERAL DIRECTOR

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11-2-1979

FOR

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND 2 3 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2n DATE OF DEATH 2b. HOUR 10 30 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH BALTO COUNTY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Banking Clerk 13. 951 FATRMOUNT AVE. 21204 Hooper 951 Fairmount Avenue Mrs. Lucille Cochran APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SJGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d, LOCATION COUNTY STATE Woodlawn Maryland Lorraine Park 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDREST 050 York Road Ruck Towson Funeral Home Inc. Towson, Maryland

Valentines is authorized upon furt ROMENT OUN LOCATION THE TAXABLE 40.1 - ST. JOSEPH HOSPITAL HOLTORATHIE LARGE DWA BYDGA

		FOR - STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	2 3 8 7 7
63		CEASED NAME FIRST	MIDDLE	LAST		DAY— YEAR 2b. HOUR
y	3 SE	Ella × Female	RACE White	Codd S DATE OF BIRTH MONTH DAY YEAR 4 11 188	6 AGE (IN YEARS LAST BIRTHDAY)	17-79 5: 25a M IF UNDER 1 YEAR IS UNDER 24 HRS MONTHS DAYS HOURS MIN
433	la. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Md •	76 CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COUN	ITY OF DEATH
De la Contrado	To	ITY OR TOWN OF DEATH	OPLANCY TOKES	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) NURSING HOME	The state of the s	12b. KIND OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE Md. 136 GBUN	other institution, give residence	E BEFORE ADMISSION) TOWN 11e 13d. INSIDE CITY LIMIT YES NO	S? 13e. STREET ADDRESS 14 B	eaumont Ave
130	14. FA	ATHER'S NAME FIRST Patrick	J. Code	77 . 4	herine MIDDLE	Sinnott
ol , the medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	SECURITY NO. 17 INFORMANT D7 1575 Bernard J.	ADDRESS Medairy Jr 229 I	Dunkirk Rd,
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Aentol Hygiene prior Item 18 shows ony	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		CURRED (ENTER NATURE OF INJURY IN ITEM I	18, PART I OR PART 2)
marked or	ME	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
Dept. of He		220.1 certify that (I) (this haspi saw the deceased alive an above. (I) (we) (did) 14	the body after death.	DEGREE ATTENDIN PHYSICIA	nian death accurred on the date and h	that (I) (We) lost nour and from the causes stated
with the Stote IMPORTANT: If		Dr. Charles O	With the state of the state of	22e ADDRESS		
. 3 ≥	23a. 8	BURIAL, CREMATION, REMOVAL SPECIFY Burial		23c NAME OF CEMETERY OR CREMATO New Cathedral Cen	CITY OR TOWN	COUNTY STATE Md .

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.

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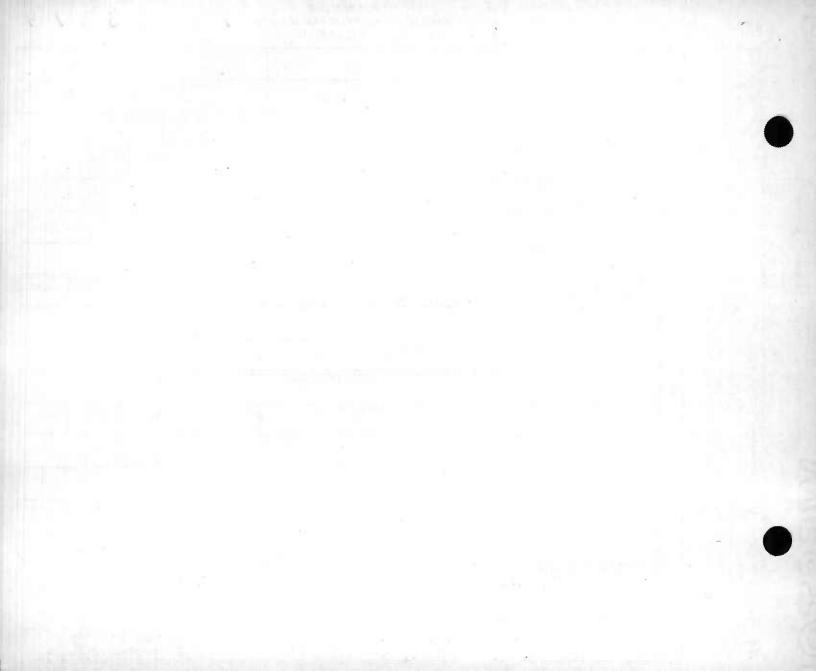
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STATE OF MARYLAND



SOL LEVINSON & BROS., INC.

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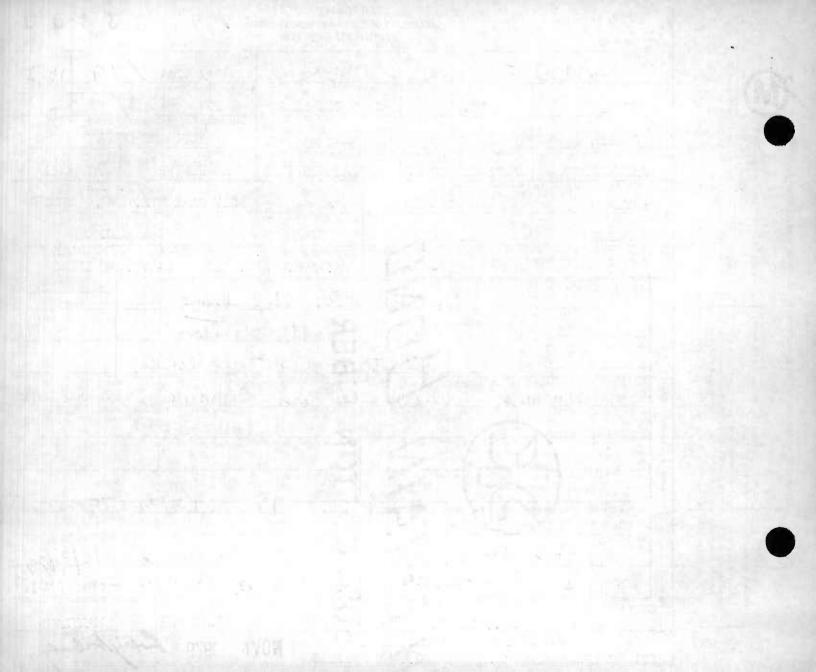
FOR

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND



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STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	23661
		CEASED NAME FIRST PRINT) MARTH	A SANCE	Cole	/	MONTH DAY YEAR 20. HOUR 12 15 / 79 12 3 A
	3 SE	Female	White	SMANHY 5 1922	6. AGE (IN YEARS LAST BIRT	HDAF) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
83		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	more County mo
00	10.C	Wite Hall	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACULTY, GIVE STREET	NG HOME OR OTHER INSTITUTION APPRESS)	120. USUAL OCCUPATION OF WORK FOR MOST OF	
35	13a S	Md. Bal		YES NO X	13e. STREET ADDRESS	censhaw Rd.
030	14. FA	Lawrence L	L. Ferrell	15. MOTHER'S MAIDEN NA	WIDDLE	Weeks
1		WAS DECEASED EVER IN U.S. ARME YES, NO OLUNKNOWN) (14 YES, GIVE W.		2-543/Franklin D	Cole Wh	11 Openshaw Rd.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (BY: MAL	YUTRITION		APPROXIMATE INTERVAL BRTWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
	Z Z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN IN PART 1(0)
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 21f. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	10/3/79 19		, to, to on the do	te and hour and from the causes stated
	6	in signature In. 7.	rance	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF DATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Oct. 8 230. BURIAL, CREMATION, REMOVAL

23 NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 25M (VR A 15 (4)) 9/74

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the busial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 he with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

MPORTANT: If Nem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

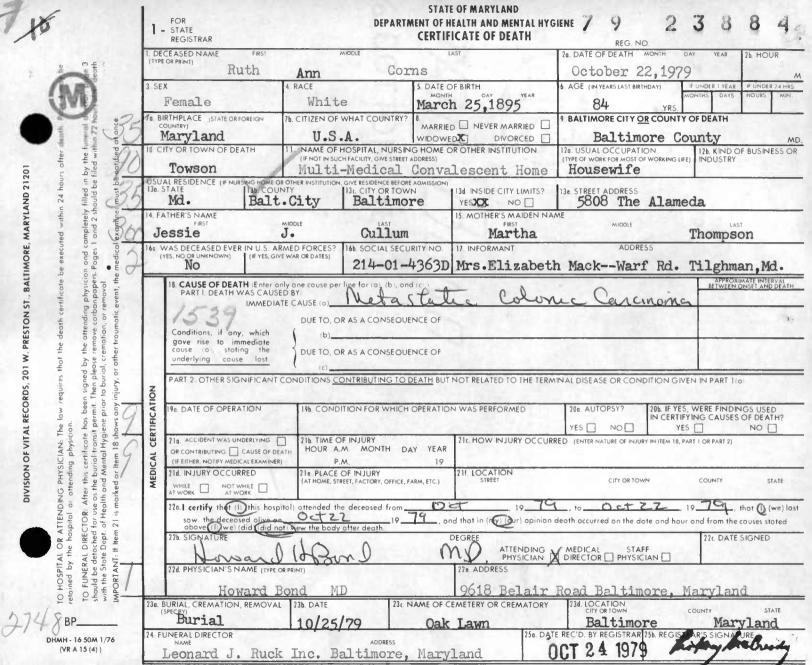
M FUNDRAL DIRECTOR

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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 8 8 2
	1. DE	CEASED NAME FIRST	WIOOFE	ι	AST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 mg	(lire	Charles	CLEMENT	Conlo	n, JR.	October 27t	h 1979 1:20Am
The art	3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	MAF	ксн 26,1916	63 YRS	
menth Pa	la Bi	RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNT	MARRIE		Baltimore City or Coun	
by the training of the control of th	10 C	TOWSOD	11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVES St. Joseph	TREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCREDITATION	126 KIND OF BUSINESS OR INDUSTRY MD. STATE DEPT
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mpletely and 2 sh	14. F.A	THER'S NAME FIRST CHARLES CL	MIOOLE LAST		15 MOTHER'S MAIDEN NA		LAST
n and co	16a V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) JIF YES, GI	RMED FORCES? 166 SOCIAL S VE WAR OR OATES) 217-14		17 INFORMANT GLADYS WATER	ADDRESS RS CONLON S	SAME
iction. The low requires that the deoth ce siction. The hos been signed by the ottending nsit permit. Then please remave corb ggiene prior to burial, cremation, or shows any injury, or other traumatic.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse ion, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) 4 7 7 7 DUE TO, OR AS A CONSE (c) CONDITION FOR WH	MANCE OF S	Chronice A Feutrics T. NOT RELATED TO THE TERM N WAS PERFORMED	well Cession	TES, WERE INDINGS USED THEYING CAUSES OF DEATH? YES NO NO
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IG PHYS ottending ter this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or ECTOR: Afi d for use o		saw the deceased alive a	n 10/27 at view the body offer death.	9_79′. 01		ta 10/27 death occurred on the date and h	, 19 79 , that (I) (we) lost our and from the causes stated
by the h ERAL DIR e detoche Stote Dep		22 PHYSICIAN'S NAME CTYPE	TUU)	M	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	10/27/79
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State IMPORTANT:		Joseph D.	D'Antonio M.D		7620 York F	Road Towson, Mc	ryland 21204
2 BP	L '	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	236. DATE 10/30/79		EMETERY OR CREMATORY ATHEDRAL	23d. LOCATION CITY OR TOWN BALTIMORE CIT	TY, MARYLAND STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director TCHELL-WIEDEFE	CLD HOME, INC.		YORK RD. 250. DAT	FERENCE BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE

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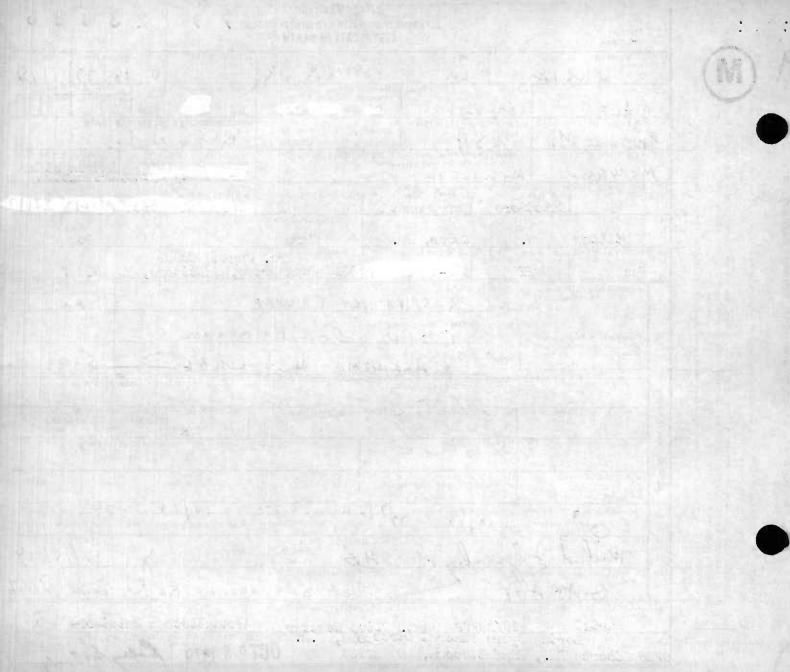
STATE OF MARYLAND

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Jires 1	buric buric	,	PART 2. OTHER SIGN	NIFICANT (CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISE ASE	ORCOND	ITION GIV	EN IN P.	ART 1(a)	- 157	
reque	or the	CERTIFICATION					C . 194									
low s be	m d 0	ŏ o	190 DATE OF OPERA	TION	196 CON	DITION FOR W	HICH OPERATIO	N WAS PERFORM	AED !	20a AUTO	PSY?	206. IF YES	S, WERE	AUSES C	S USED	42
ho on	Swo of	E								YES 🗌	NOM		s 🗆		NO 🗌	
ysic T	Hyg Hyg	Ü	210. ACCIDENT WAS UNI		110110	OF INJURY		21c HOW INJUI	RY OCCURRED	ENTER NAT	URE OF INJUR	Y IN ITEM 18, F	PART I OR P	ART 2)		
P. P. P.	10 E 7	A	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC				DAY YEAR									
HYSIC Iding	Ment Aent	MEDICAL	21d. INJURY OCCUR			P.M. E OF INJURY	19	21f LOCATION							_	
Ten ten	ed o	ME	WHILE NOT W	HILE	(AT HOME,	STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET			CITY OR TOW	И	COUN	UTY	STA	TE
To to Affe	os i ith o		AT WORK AT WO	ORK -							. /					
TEND itol o	deol rs m		220.1 certify that	(this hospi	tal) ottended	the deceased for		24	19 77	, to	0/1	Y	197	*	at (I) (w	
	21 21 21		saw the deceas above (1) we) (ed olive an	t) view the boo	votter death	19_/	nd that in (my) (at	or) opinion dec	ath occurred	d an the do	te and hou	r and fro	am the ca	uses stot	led
R A I hosp	ept ept fem		226. SIGNATURE	1	A THE RESERVE	A)		DEGREE					220	DATE ŞI	GNED,	
the O	e D		Much	1 1	-le-	1 16	e ill	ATTI	ENDING	MEDICAL	STAF	F . A		50/1	0/-	79
by ERA	p to Z		22d. PHYSICIAN'S N.	AAAE ITYPE O	0.000	acing o	1	22e ADDRESS	YSICIAN []	DIRECTOR (PHYSIC	IAN LA		10/1	8/	
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etoin F O F	should be d		(+ W	TRA	Ity			14206	F1 Sm	queno	OK	P. 15A	CTIO	MORK	1	122
75	5 3 ≥	23a.	BURIAL, CREMATION,	REMOVAL	23h DATE		23c. NAME OF C	EMETERY OR CRE	EMATORY	23d. LOCA	TION		COUNTY		STAT	T G
BP	150 10	1	Burial		10/22	179	M+ 07:	ve Cemete	amı	Randa	Ilsto	wn Bo	altir	more	MD	
DHMH - 16 50	MA 7/77	24 F	JNERAL DIRECTOR I	orina		Funeral	Direct	ors. P.A	250 DATE R							(81)
(VR A 15		07	8 Liberty	RA	Randal	1stown	MD 27	133	DOT	2 3 19	370	1	4.	han a		
		010	o Liverly	Tiche 9	1 iuriuuz	, vo vourte	111111111	100	001	NU	7/9	1	74/1	PC SECOL	Laufer.	



	1	FOR			STAT	E OF MARYLAN		ENEZ ()	67	7	0 0	7
6		STATE REGISTRAR			DICAL EXAMINE			EATU	REG. NO.	. 3	0	
7	1. DE	EASED NAME	FIRST		MIDDLE	LAST		20. DATE KNO	OWN 🖼 A	MONTH DA	Y YEAR	2b HOUR
# 31 % F	1	OKPRINI	ARV	EL	HAYWOOD	CRAVI	EN	DEATH MA	ATED	10 28	8 19 79	M
TE SE	3. SEX		I. RACE	5. DATE OF BIRTH MONTH DAY			IF UNDER 24 HE	RS. 2c. DATE		NONTH DA	AY YEAR	7: H3UR
高計 多	1 0	male	white	Oct. 11	1925 54 YRS			DEAD	CITY OR	10 28		
	FQ	REIGN COUNTRY)		76. CITIZEN OF WI		MARRIED NEV		9. BALTIMORI	: CITY OK	LOUNIT O	PUEAIH	
3 -		TIN CA	rolina		USA PITAL, NURSING HOME,	OR OTHER INSTITUT	DIVORCED 120	─ Balti USUAL OCCUPATI	MOTE ON (TYPE OF	County	KIND OF BU	SINESS
SCORDS SOL	Sr	arrows	Point	LIF, NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS) S Point Stee		F	FOR MOST OF WORKING OTEMAN	LIFE)		teel	RY
35		L RESIDENCE (100	R OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION			STREET ADDRESS			reer	
25		ryland	Hark		BelAir	YES%	NO 🗆		cust	Aven	ue	
120	14. FA	THER'S NAME		WIDDLE	LAST	15. MOTHE	R'S MAIDEN NA	WIDDLE			LAST	
10		Charle		mith	Craven		ssie		dia	Coc	.kerho	z m
2		AS DECEASED S. NO, OR UNKNOV NO	EVER IN U.S. ARA	VAR OR DATES)	38-34-6026			Craven,	DDRESS	Air,	Md	
0	-		DEATUUE			Mrs.	Mary	chaven,	bec	ALIL,	APPROXIMATE	INTERVAL
		PART I DE	ATH WAS CAUSED	BY:	for (a), (b), and (c).)					88	ETWEEN ONSE	
VTAL HYGIENE, C EMOVAL.		4-39	2 IMMEDIAT	DUE TO, OR	Arteriosc1 AS A CONSEQUENCE O		rdiovasc	cular dis	ease			
OR REMOVAL			s, if any, which to immediate	(b)								
REW			stating the under-	< '.'	AS A CONSEQUENCE O	F						
0,	18			(c)								
ATIO	z	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	8UT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1 (a)	J				
AL, CREMATION,	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFOR	MED?			20	D. AUTOPSY	?
BURIAL, C	F										YES 🔀	NO 🗌
5 /	W W	216. EXTERNAL		21b. TIME OF	NJURY NONTH DAY YEAR	21c. HOW INJURY	OCCURRED (EN	NTER NATURE OF INJURY	IN ITEM 18 PART	[] OR PART 2)		
2)	MEDICAL		OR IG CAUSE OF D									
PRIC	MED	21d. INJURY O WHILE AT WORK	NOT WHILE	21e. PLACE (STREET, FAC	OF INJURY (AT HOME, FORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY		STATE
21201 PRIOR		AT WORK	AT WORK	<u></u>		[FF)		1 0 -	1			
					cribed obove, held an	Autopsy X,	Inspection	, Inquiry L		n my opinion	1	
ARYLAND,		deoth resulte	d from: Notur	ol couses X,	Accident, Suic	ide		ndetermined monne	r,			
MARYLA		ACTUAL SIGNATURE_	Mous	te the	Knell	*	,	MEDICAL EXAMINE	R	DATE SIGNED11	1/28/7	Q
ORE,	1			01			Market Children	NEDICAL EXAMINE		SIGINED APE) 40 1	7
BALTIMORE, MA		EXAMINER'S N (TYPE OR PRIN	Ma Ma	rgarita A	. Korell, M	DADDRESS	111	Penn Str	eet			
BA	230.B	PECIFY)	ION, REMOVAL 2			ETERY OR CREMATO		el Air	11	COUNTY		ATE
- 6	24. F	Burial UNERAL DIRECT		t 31,197	14 BELALT	Mem. Gard	250. DATE REC'D	O. BY REGISTRAR	TAN.	ford RAB'S SIGN	Md.	
7 (5))	1	wand k		nas TTT	Abinadon.	Md.	OCT 3	0 1979	hard of	7	1	

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Witzke Funeral Homes of Catonsville

1630 Edmondson Ave Catonsville. Maryland

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/7B

REG. NO. MONTH 7h. HOUR 79 10 IF UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired 7110 Rolling Bend Road Dark Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YES [

COUNTY

Baltimore. Md.

COUNTY

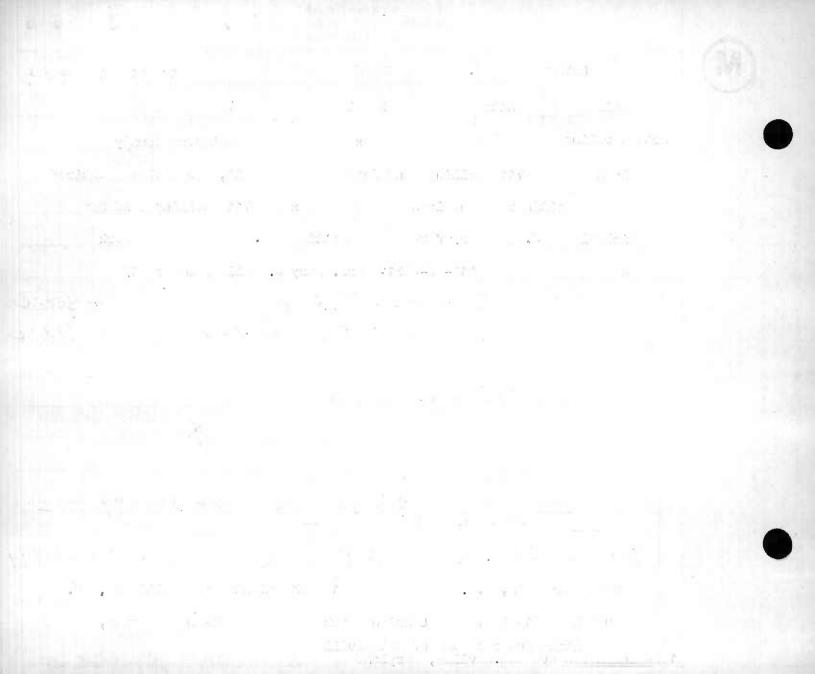
Balto.

221 DATE SIGNED

STATE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md



	1	FOR - STATE REGISTRAR		DEPARTM	AENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		7 9 REG. NO	2	3 3	8/9
N		CEASED NAME FIRST E OR PRINT)	rv Fl	izabeth	CD	IDLIN	2a. D	ATE OF DEATH		8 79	2b. HOUR
IAI	3. SE		4 RACE	12abe cii	5. DATE OF	BIRTH	6. AG	E (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female	Whi	te	MONTH O1	26 YEAR	5	84	YRS	MONTHS DAYS	HOURS MIN
6		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 .		9 BA	LTIMORE CITY O		Y OF DEATH	
334		aryland	USA		WIDOWED	NEVER MARRIED		Ralt	imore	County	MD
9	10.C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST OF	ON	126 KIND C	F BUSINESS OR
15%	Re	ossville		clin Squa		ospital		usewife			naking
#37A	.13a	AL RESIDENCE (IF NURSING HOMESTATE 136 CC	E OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)	3d INSIDE CITY LIMI	175? 13e S	TREET ADDRESS 30 Ken	6a A		
iner	_	ATHER'S NAME				5. MOTHER'S MAIDE			1.00	venue	
\$30		Edwin	WIDDLE	Holde	en	Mary	7	Elizat	eth	Cuni	ningham
_	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE		- Cuil	12115 IIII
medica	,	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220-48-	-5380	Linwood	L. C	ridlin	743	30 Kenl	Lea Ave
ar ather trouma		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	(b)_	DR AS A CONSEQUE Myocardia DR AS A CONSEQUE	<u>l Infa</u>	rction					
× 00.			10/								
0 .5	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE	E TERMINAL [ISEASE OR CON	DITION GIV	VEN IN PART 10	2
ows any injur	TIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D			200	AUTOPSY?	20b. IF YE	VEN IN PART 10 S, WERE FINDIN FYING CAUSES ES	NGS USED
:02	SICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	I 9b. CONE I 21b. TIME (HOUR A	OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED	700 YE	AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH?
	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME (HOUR A VER) 21c PLACE	OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY O	700 YE	AUTOPSY? S NO X NTER NATURE OF INJUR CITY OR TOW	20b. IF YE IN CERTI YI RY IN ITEM 18.	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH?
18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, IN JURY OCCURRED WHILE NOT WHILE	19b. CONE 19b. TIME (HOUR A NER) 21e PLACE (AT HOME, S1	OF INJURY A.M. MONTH DA P.M. GOF INJURY TREET, FACTORY, OFFICE, FA The daggregate from	OPERATION AY YEAR 19 ARM, ETC.) 79 ond	WAS PERFORMED 211. HOW INJURY O 211. LOCATION STREET 787 that in (my) (our) op	200 YE DOCCURRED (E	AUTOPSY? S NO X NITER NATURE OF INJUR CITY OR TOW	20b. IF YE IN CERTIN YE IN ITEM 18.	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 Ur ond from the	NGS USED OF DEATH? NO STATE that (1) (we) lost causes stated
18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBU	19b. CONE 19b. TIME (HOUR A NER) 21e PLACE (AT HOME, S1	OF INJURY A.M. MONTH DA P.M. GOF INJURY TREET, FACTORY, OFFICE, FA The daggregate from	OPERATION AY YEAR 19 ARM, ETC.) 79 ond	WAS PERFORMED 211. HOW INJURY OF THE LOCATION STREET 787 19 that in (my) (our) of the control	YE Y	CITY OR TOW	20b. IF YE IN CERTI YI YIN ITEM 18.	S, WERE FINDIN FYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO STATE that (1) (we) lost causes stated
n. of Heolth and Mental Hygiene m 21 is marked at Item 18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBU	19b. CONE 19b. TIME (HOUR A NER) 21e PLACE (AT HOME, SI on Inot) view the body	OF INJURY A.M. MONTH DA P.M. GOF INJURY TREET, FACTORY, OFFICE, FA The daggregate from	OPERATION AY YEAR 19 ARM, ETC.) 79 Ond M-D	WAS PERFORMED 21t. HOW INJURY OF THE LOCATION STREET 787 19 that in (my) (our) application (my) (my) (our) application (my) (my) (my) (my) (my) (my) (my) (my)	YEDCCURRED (E	AUTOPSY? S NO X NITER NATURE OF INJUR CITY OR TOW	20b. IF YE IN CERTI YI YIN ITEM 18.	S, WERE FINDING CAUSES ES	NGS USED OF DEATH? NO STATE that (1) (we) lost causes stated
nt. of Health and Mental Hygiene im 21 is marked at Item 18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270.1 certify that (1) (this has saw the deceosed alive obove, (1) (we) (did) (did)	19b. CONE 19b. TIME (HOUR A VER) 21e PLACE (AT HOME, SI on I not) view the body PE OR PRINT)	OF INJURY A.M. MONTH DA P.M. GOF INJURY TREET, FACTORY, OFFICE, FA The daggregate from	OPERATION AY YEAR 19 ARM, ETC.) 79 Ond M-D	WAS PERFORMED 211. HOW INJURY O 211. LOCATION 211. LOCATION STREET ATTENDE PHYSICI 222. ADDRESS	79 to pinion death	AUTOPSY? S NO X CITY OR TOW CITY OR TOW COCCURRED On the do	20b. IF YE IN CERTI Y! RY IN ITEM 18.	S, WERE FINDING CAUSES ES	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated

Md.

23c. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

230 BURIAL, CREMATION, REMOVAL Burial

10/11/79

23d LOCATION CITY OR TOWN
Overlea

Baltimore

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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injury, or other troumotic event, th

and Mental Hygiene prior to bur marked or Item 18 shaws any

		FOR
1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ij	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
ı		Marion CRUM		October 29, 197	19 54/JM
Ų	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ij	Female	White	Aug 2, 1886	93 YRS	ONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	Maryland	USA	WIDOWED T	D 2. 1	nty , MD.
	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	Lutherville	College Manor	Nursing Center	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME O			13e. STREET ADDRESS	
5	100 000	imore Riderwoo		8223 Rider Avenu	ıe .
	14 FATHER'S NAME		15 MOTHER'S MAIDEN N.		
1	Thomas Myers	MIDDLE LAST	Caroline G	. Hopkins	LAST
	16a. WAS DECEASED EVER IN U.S. AF				Cowson, Md.
	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 217-10-9	9322 Carole S. Di	ppel 8223 Rider Av	
	18. CAUSE OF DEATH (Enter o	nly one couse the line for tall lbs, or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	PART I. DEATH WAS CAUSI	ED BY ATE CAUSE (o)	NOCHE		
	4399	DUE TO OR AS ACONSEQU	ENCE OF A	1 (10 0	1
	Conditions, if ony, which	1 Dear	Mil June	my wen	YA .
	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQU	JENGPOE DAT IL	0.	10.
	underlying couse lost.	(10)	sague H	ripages o	Denoulee
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE () CONDITION GIVE	N IN PART 1(0
	OI				
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
4	RIIF	-		YES NO YES	
1	OR CONTRIBUTION OF STREET			RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
ì	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK			a paga.	g
1		itended the decoased from.	19	0, 10	9 , that (I) (w) lost
3	saw the decased alive at above, (II (we) (did) (die h	19 / when body ofter death.	7)	n death occurred on the date and hour	
H	774 SIGNATURE	1/11/14	DEGREE	MEDICAL STAFF	224. DATE SIGNED
	mon	11/1/ms	PHYSICIAN	DIRECTOR PHYSICIAN	Oct 30, 1979
	724 PHANCIAN'S NAME HALL	os Mesti)	22e. ADDRESS		
	Donald W. Min	tzer. M.D.	3009 Evergr	reen Avenue Baltime	ore, Maryland

BP

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After should be detached for use as

MPORTANT: If Hem 21 is

retained by the hospital ar

TO HOSPITAL

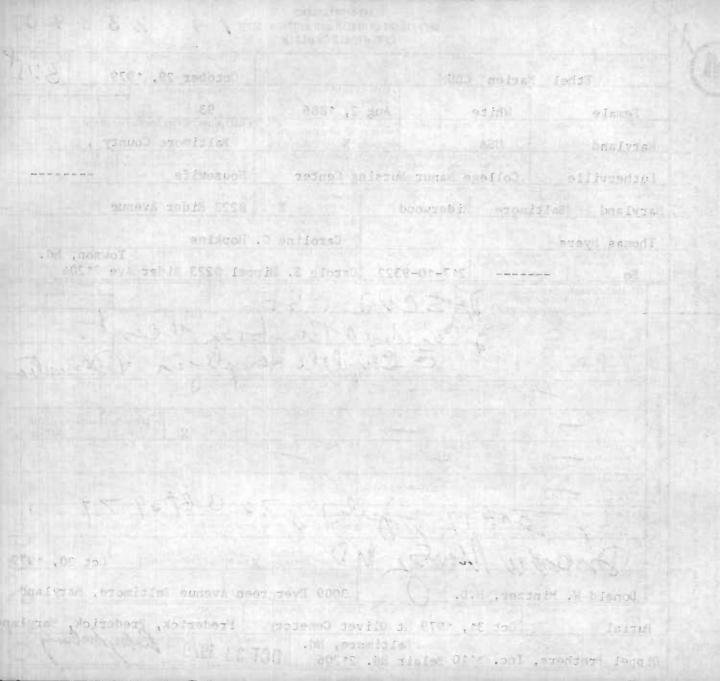
TE NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Mt Olivet Cemetery Burial Oct 31, 24. FUNERAL DIRECTOR

Brothers, Inc. 7110 Belair Rd. 21206

ADDRESS Baltimore, Md.

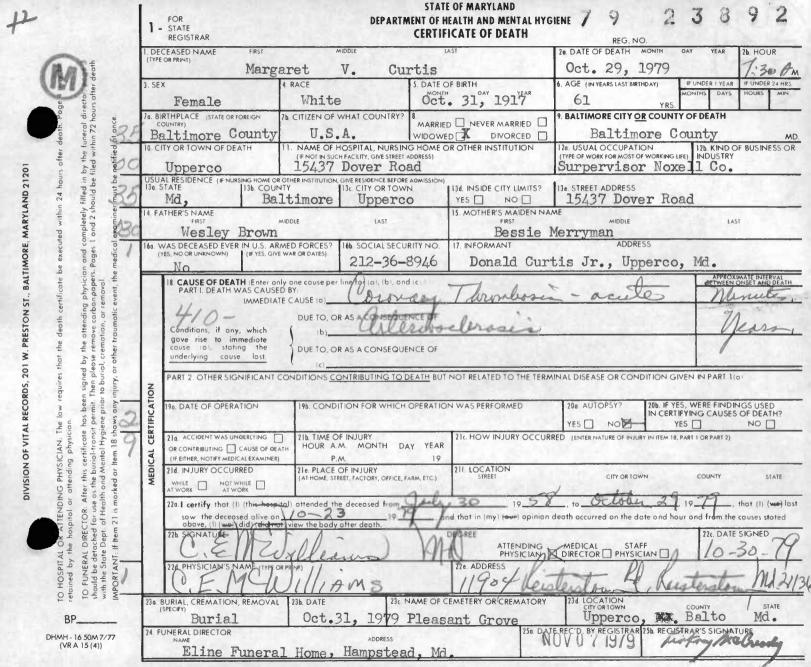
23d LOCATION
CITY OF TOWN
Frederick, Marylan

1979



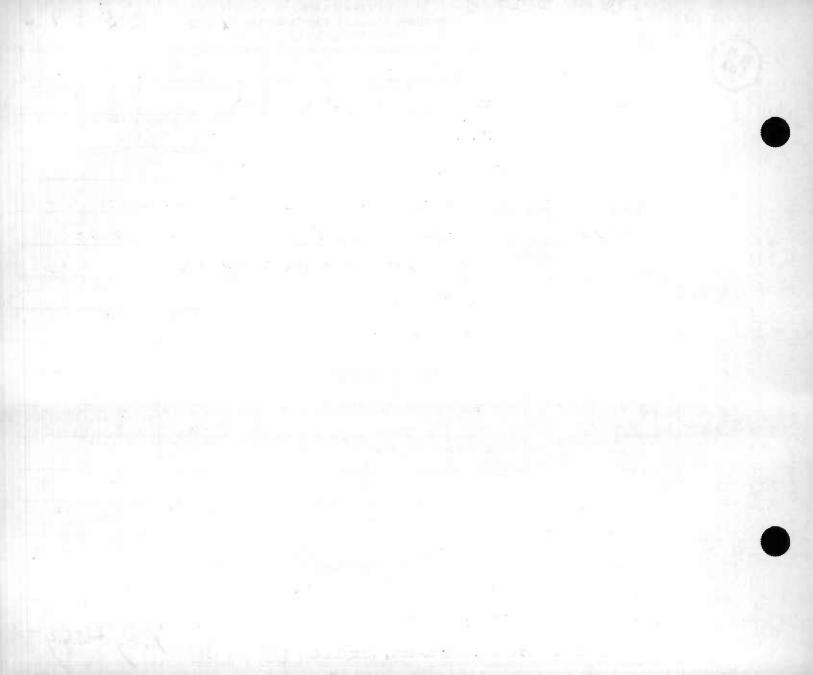
	1.	FOR - STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9 2 REG. NO.	3 8 9 1
RAI)		CEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		Samu	el J.	Curreri	October 20 1979	8:00A
5'4 <u>1</u>	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
0 510	1	IALE	WHITE	FEB 12 1910	0 69 YRS	
15 2 2 E	1	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED		
The state of the s		PRVLAND ITY OF TOWN OF DEATH	II NAME OF HOSPITAL N	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	Baltimore Cour	126 KIND OF BUSINESS OF
Softie S		Towson	(IF NOT IN SUCH FACILITY, GIVE		TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
Should be	130 M	ARVILAND BA	OR OTHER INSTITUTION, GIVE RESIDENCE	EBEFORE A OMISSION) 13d INSIDE CITY LIMITS? YES NO DE	13e STREET ADDRESS 3908 FIFTH 19	VE
S lond 2		SAUERIO VAS DECEASED EVER IN U.S.	CURRER!	15 MOTHER'S MAIDEN TO SECURITY NO. 17, INFORMANT	H GARBO	LAST
Poges medica	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	4-7865A FA	MILY	Husen
emaval.		PART I. DEATH WAS CAU	only one couse per line for (o), (SED BY:	trumly Fil.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ion, or re sumotic		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF		1 lu.
Il, cremot		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF		v-m.
hen pled to burio njury, or	N C	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART NO
giene prior	CERTIFICATION	19a DATE OF OPERATION	.)9b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
Mentol-tronsit p Mentol Hygien or flem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN		H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
olth ond Me morked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f. LOCATION	CITY OR TOWN	COUNTY STATE
of He		sow the deceosed olive obove (1) we) (did) (did	spital) attended the deceased from 10/20 not) view the body after death.	the second	on death occurred on the date and hour o	74, that (1) (we) los
detached for tote Dept. or NT: If Item 2		22b. SIGNATURE	elund		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
should be deto with the Stote [IMPORTANT: If		DOURS!	e OR PRINT)	22e ADDRESS 7401	Osler Di	
- vi š <u>\$</u>	B	BURIAL, CREMATION, REMOVI SPECIFY) URIAL	10/24/19	236 NAME OF CEMETERY OR CREMATOR	& BALTO BOUNT	STATE MADE
5 50M 1/76 15 (4))	100	UNERAL DIRECTOR NAME VANS VIII.OA	AODRE SS		CT2 3 1979	RYS-SIGNATURE

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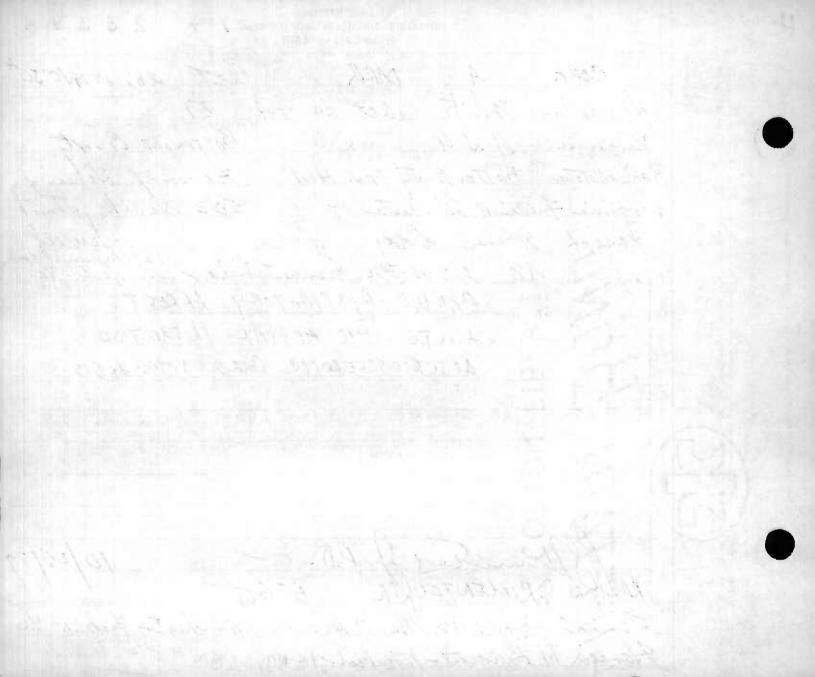
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	I DE	CEASED NAME ORPRINT)	FIRST	W	BIDDLE		AST	20 DATE OF DEATH		OAY YEAR	2b. HC
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	3 SE	Female	1	Whit	ce		e 18,1909 TEAR	A AGE (IN YEARS LAST BIRT	YRS.	MONTHS DAYS	HOURS
ouce.	C.	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8 MARRIE	D KNEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY		
5		Maryland CITY OR TOWN OF DEATH		U.S.A.				12a USUAL OCCUPATION 12h KIND OF			F BUSI
58		TOWSON		(# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SAINT JOSEPH HOSPITAL			AL	Clerk	JF WORKING LI	FE) INDUSTRY	
and 2	13a S		136 COUNTY	′	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1828 Wi	1 dwood	A AFF	
D	_	aryland THER'S NAME	Balti	rmore	Parkvil	Le	YES NO S		Lawood	TAVE	
25		William	MID	DLE	Williams		? FIRST	WIDDLE		Crabb	e e
1	16a V	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRI		-	
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DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a, DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 898 BALTIMORE CITY OR COUNTY OF DEATH BETWEEN ONSET AND DEATH NO SCIENOTIC CHARLO VASCU PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE _, that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 73c DATE SIGNED TEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN NAME OF CEMETERY OR CREMATORY 3d. LOCATION REGISTRAR 256. REGISTRAR'S SIGNATURE



executed within 24 hours ofter

requires that the death certificate be

TTENDING PHYSICIAN The

ottending physician ove corban papers. F

<i>y</i>	1 -	FOR STATE REGISTRAR			PEI ARTI		EALTH AND MENTAL HY	REG. NO.	6.44		
		CEASED NAME	FIRST		MIDDLE		AST		NTH DAY	YEAR	26 HO
	{ I YPE	OR PRINT)	ET		DAU	GHADAY	1	0 16	5 79	5	
	3. SEX			4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDE
	1	FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		WHITE		06 30 1893		86	YRS. MO	NTHS DAYS	HOURS
	7a. BI			76 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED		P BALTIMORE CITY OR COUNTY OF DEATH			
6											
	ARBUTUS		11. NAME OF		G HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION		12b. KIND (OF BUSIN	
C						VENUE, 21227		HOMEMAKER			
	USU.	AL RESIDENCE HENUR	SING HOME O		I, GIVE RESIDENCE BEFOR		1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5		MARYLAND		IMORE	ARBUTUS		YES NO W	1255 MAPLE	AVENUI	E, 212	27
	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST
31	FRANZ		E. HERING						KELLER		
		WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	5	l-self.	
	<u> </u>	NO	1. 120, 0.1	2 011 0207	213-48-	-5237	LORETTA K. H	HOLTON, 5409	HIGHV:	IEW RO	AD, 2
	7	Conditions, if any gove rise to im cause (a), stati underlying cause	mediate ng the e lost.	(c)_	ONTRIBUTING TO		NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN	N IN PART 1	01
9	CERTIFICATION	INE DATE OF OPERA	TION	III COND	it bran	OPERATIO	IN WAS PERFORMED			WERE FINDI	
9		210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MEDI	CAUSE OF DE	W164	DE INJURY M. MONTH D.	AY YEAR		RED (ENTER NATURE OF PULLEY F	_	hard	
1		The same of the sa	RED		OF INJURY	2000000000	THE LOCATION	17 000000000000000000000000000000000000			
1	MEDICAL	WHEE AT WORK AT WORK	ORE	(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TOWN	/	COUNTY	
/	MED	WHEE NOT WAT WORK AT WORK AT WORK TO AT W	This hosp	atali attended the	ne deceased from	8	15 10-67	death occurred on the date		79	_

21229

ADDRESS 21229 4107 WILKENS AVE.

INC.,

25a. DATE REC'D. BY REGISTRAR 15h. RE

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME,

BP.

TO FUNERAL DIRECTOR: After this



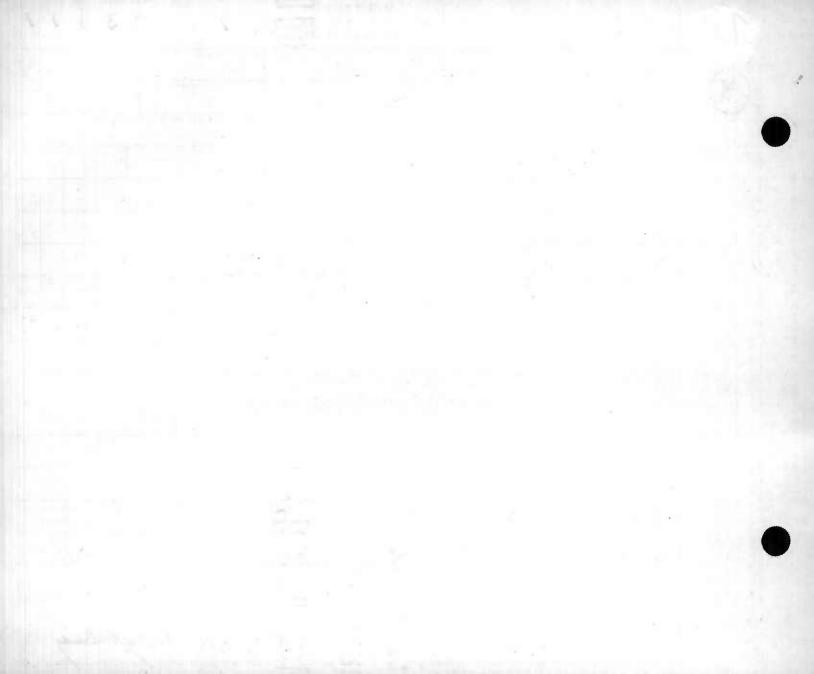
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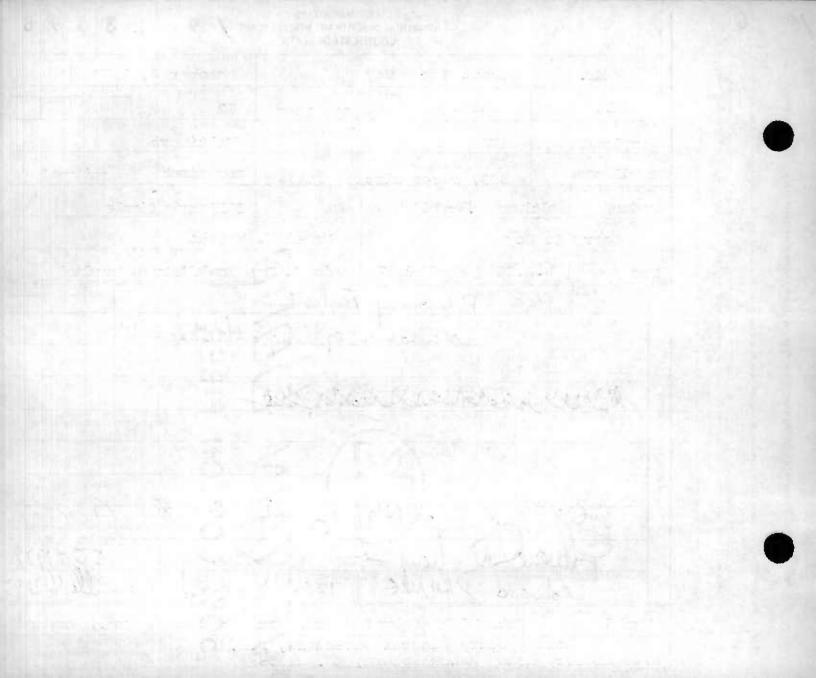
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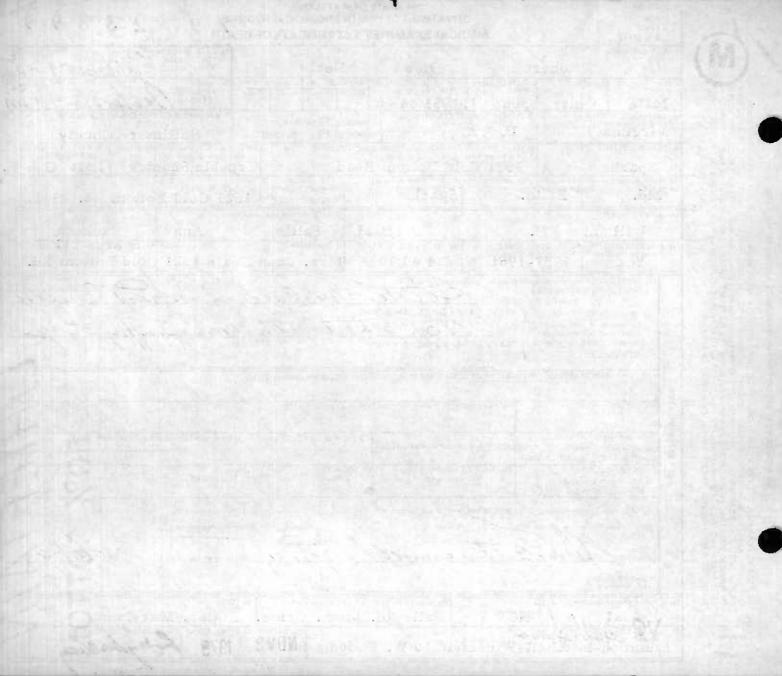
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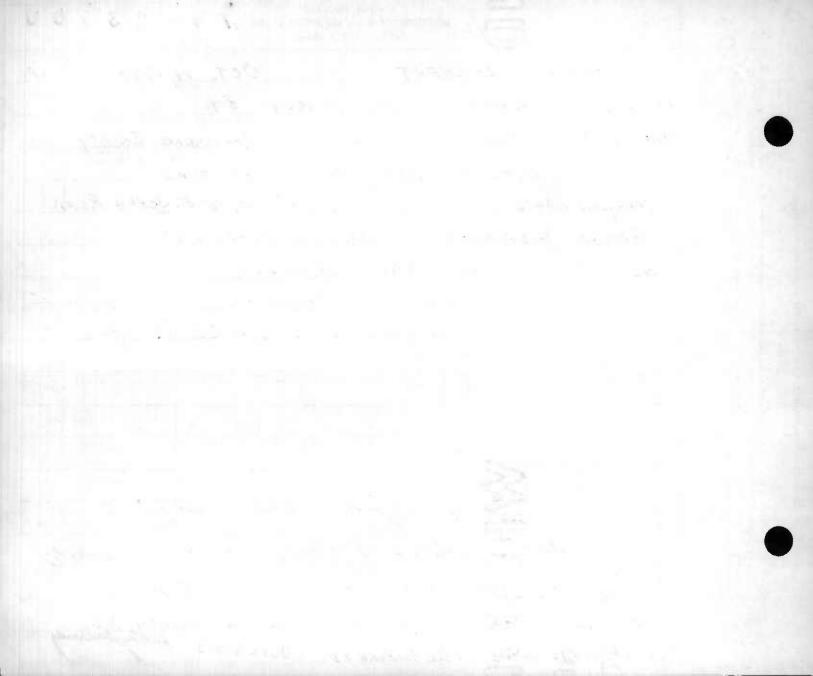
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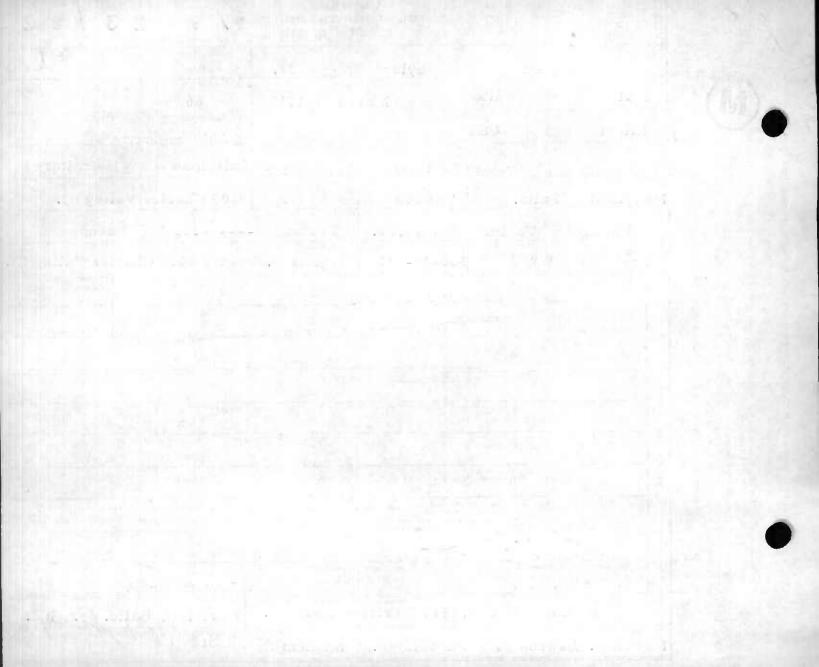
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	1-	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 8	9	
		OR PRINT) Mr.	FIRST I		Lee	Day	AST	20. DATE OF DEATH A	4, 1	979	26 HOUR	
1	3. SE.	x	4 R	ACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF	F UNDER I YEAR	IF UNDER 2	
-		Male		Whi	te	Jan	.31, 1927	52	YRS.	ONTHS DAYS	HOURS	
9		RTHPLACE (STATE OR FO	OREIGN 76 C	CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH		
	M	aryland		USA	A A Garage	WIDOW	D DIVORCED	Baltimore				
100 O		ndallstown	ATH [11.		OSPITAL, NURS IN FACILITY, GIVE STREET Terka	ADDRESS)	le 21133	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF accountant	WORKING LIFE)	126. KIND OI INDUSTRY rail:	road	
hust be	13a S	AL RESIDENCE (IF NURS	136 COUNTY Baltin	1	GIVE RESIDENCE BEFOR 134 CITY OR TOW Randalls	E ADMISSION)		13e STREET ADDRESS 3837 Terka	Circ	10		
a l		ATHER'S NAME	LOCALCIA	OIC	MIGGILL	COWII	15. MOTHER'S MAIDEN NA		CIIC.	TE		
2030		Harry	L. Da	У	LAST	60	Mabel V.	Magaha		LAST		
medicol		VAS DECEASED EVER			166 SOCIAL SECL		17 INFORMANT	ADDRES			100	
E		es	(IF YES, GIVE WAR	II	220-18-1	.887	Janice L. Day	y, Randallst	cown, I	Marylar	nd	
or ather tra		couse 101, statin underlying couse	-	DUE TO, OR	AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART I II		
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ony injury.	ERTIFICATION	PART 2 THE LIGH	TION DERLYING			OPERATIO		200 AUTOPSY?	IN CERTIFYI YES	ING CAUSES	OF DEAT	
ony injury.	AL CERTIFICATION	PART STEP SIGN TO DATE OF OPERAT 218. ACCIDENT WAS UNE OR CONTRIBUTING C	CAUSE OF DEATH	21b. TIME OF HOUR A.M	INJURY . MONTH D	AY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY?	IN CERTIFYI YES	ING CAUSES		
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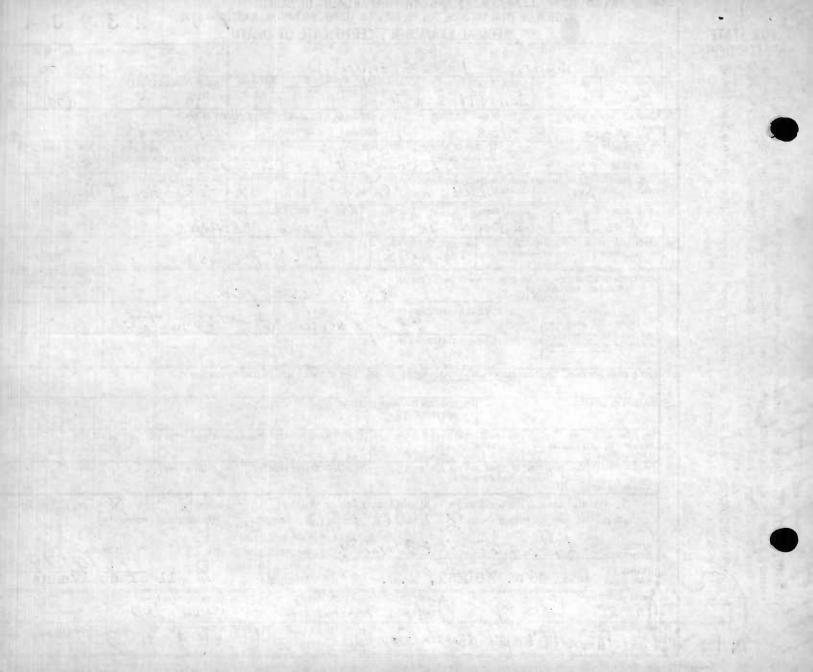
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10		1	FOR		STATE OF MARYLAND	7 0	2 2	5 0 G
		1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	2 3	, 0 0
ψ	1		CEASED NAME FIRST	MIDDLE	LAST			EAR 26. HOUR
d you	14V)	3. SF	Derrickson	RACE	S. DATE OF BIRTH	October 2		2:50A M
4		3.35	1015	WHITE	MONTH DAY YEAR	6. AGE (IN TEARS LAST BIRTI	MONTHS	DAYS HOURS MIN.
Page	directions direction direction direction direction dire	70 B	IRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	HUG 28 1922	9. BALTIMORE CITY O	R COUNTY OF DEA	(TH
death.	72	C	OUNTRY) ARVLAND	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore		AAD
	withir hied 6		ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 126 K	CIND OF BUSINESS OR
01 s offer	by the filled w		Towson	St. Joseph Ho		PHOTOGRAP	PHER SE	LF-ENPLOYED
212 hour	led in	USU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION)	13e STREET ADDRESS		
AND n 24	王 3 年 3 4	M	ARYLAND BALTU	MORE PARKVILL	E YES NO D	3315 WOO	DOSIDE	AVE
RYLA	nd 2 sho	14. F	ATHER'S NAME FIRSTMID	DLE LAST	15 MOTHER'S MAIDEN NA	ME		LAST
E, M	E 6	H	PRLEY E. DERR	ICK50N	RITY NO. 17 INFORMANT	ELLIOTT ADDRE	cc	
AOR!	Pages		YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	- / -	ADDRE	33,	
ALTIA e be	ers. p		PS WW	3 419-10-1	704 FAMIL	7		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
T., BAI	nt,		18 CAUSE OF DEATH (Enter only of PART). DEATH WAS CAUSED B	SY:	Cartele		B€	WEEN ONSET AND DEATH
N ST	50 50		WID -		Syro-			. 0
ESTO	emove cor motion, or r troumot		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	L			4 les
. PR	remo emot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			241
thot	d by the leose rer ial, crem ar other		underlying couse lost.	(c) A	SCVI			691.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 INC PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician.	Then pl	z		NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1/o
COR	been mit. Th prior to ony in	₹ P	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	EINDINGS LISED
L REC		CERTIFICATION	NO			YES NO NO	IN CERTIFYING CA	AUSES OF DEATH?
OF VITAL	ansit Aygie 8 sho	ER -	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR			
SION OF VITAL PHYSICIAN: The	is certificate has buriol-transit per Mental Hygiene ar Item 18 shows	N N	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR			
IVISION C		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 211 LOCATION STREET	CITY OR TOW	/N COUN	TY STATE
NG NG OTT	After thise as the balth and a	1	AT WORK AT WORK					
0 0	S. 4 C. 20		22a. I certify that (i) (this hospital	ottended the deceased from_	10 19 19 79		1919	, that (I) (we) lost
R ATTEN	ECTO of far nt. of H		sow the deceosed alive on above, (1) we) (did) (did not) v	iew the body ofter death.	DEGREE	deoth occurred on the do		DATE SIGNED
0 9	DIRECTOCHED TOCHED DEPT.		MA A	0	ATTENDING	MEDICAL STAF	F	AO IOO IZO
olf ,	ERA!	1	22d. PHYSICIAN'S NAME (TYPE OF PR	INT)	PHYSICIAN (DIRECTOR PHYSIC	IAN	10/20/19
O HOSPITAL	should be deto: with the State DIMPORTANT: IF		D. A. Our	rslev m.	D 7401	Osler	Dr	
o Topa	≓ % 3 <u>≥</u>	23a.	BURIAL, CREMATION, REMOVAL	/ /	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP.		B	URIAL	10/34/1979 PA	RKWOOD	BALTO, C	COUNTY	MD.
	16 50M 1/76 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS	0.00	TE REC'D. BY REGISTRAR	ZID. REGISTRAR'S S	GNATURE
(***		=1	ANS FUNERAL CH	HILL 8800	HARFORD R.D.	71 70 1013	7"	- Justy

Control of the Contro

	THEMS 28,20 877/ II/2/ MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 23201 2 3	904
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	y Yeor 26. HOUR
= A & / E	WAITER / DEVENDED SR DEATH MATED 10 1	. 19 79 N
2 X 5	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost bighthouy) MONTHS DAYS HOURS MIN Month Day	Year 2d. HOUR
200	JAH 1/908 // YRS.	19 79 M
F 2 59	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
To the dollar	COUNTRY) MICHIGIAN USA WIDOWED DIVORCED Brillo Co	Mo
Page Page 15 25 25 25 25 25 25 25 25 25 25 25 25 25	TID. CITY OR JOWNFOLDEATH 111. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1120, USUAL OCCUPATION (Kind of work done 112b	LIND OF BUSINESS OR
000 500	TOWSON give street dedress JosEph's Hosp during most of working life even if retired.) IND	PRINCO S.
hours after Office along Cand 2 with t after death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmission) STATE (13) 13b. COUNTY (13) 13c. COUNTY (13) 13c. CITY OR TOWN (13) 13c. INSIDE CITY LIMITS? 13c. STREET AND NUMBER (13) 13c.	11 -
22 9 5 500		HUE
hours litem 1 Office	14. FATHER'S NAME First Middle Lost 18. MOTHER'S MAIDEN NAME First Middle	Lost
11001	FRANK L. NEVEMPER SR FRANCES KREAMER	17 3 4 1 1 1
nauld be executed within 24 hours ward "pending" in pencil in Item 1 the Chief Medical Examiner's Office rial-transit permit. File pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 72 hours after the pages 1 and 2 n any event within 2 n any even	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not grunknown) (If yes give war or dates of service) 374 - Ai - 5384 The last of the service of the s	
with per Exam File 72	(Yes, notificanknown) (If yes give war or dates of service) 374-01-5384 FAMILY RECORDS	
be executed within "pending" in pencil inf Medical Examine insit permit. File pagevent within 72 hau	38. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" i sf Medical sit permit.	IMMEDIATE CAUSE (0).	
ex end it p	DUE TO, OR AS A CONSEQUENCE OF	
be hief hief ansit	Conditions, if ony, which gove is to immediate couse (a).	
vard ward the Ch rial-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be one ward "pe a the Chief burial-transit	lost. (c)	
d + te	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
iffica iffing arde arde arde arde	NO CONTRACTOR OF THE PROPERTY	
This certific ficate, writin be farward d be used as or remayal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item)	2D. AUTOPSY?
This icate, be fa	HILL THI OKINICE:	YES NO
		18.)
XAMINER: 1 te the certific ge 4 shauld by your files. age 3 shauld crematian, or	CAUSE OF DEATH P.M. 19	
	the state of the s	County Stote
L EXAMINER: ecute the cert Page 4 should ar your files. R: Page 3 should id, cremation	WHILE NOT WHILE foctory, office building, etc.)	
- 9 d p 8 07 9	22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🔀,	ond in my opinion
ical e exected for ed f	death resulted fram: Natural causes 🔍 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undefermined manner 🔲	
please I director retained.	CHIEF MEDICAL EXAMINER	
ry, ple eral di be retr RAL D	SIGNATURE LESSEN / KOLLOW & M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED //-
PUTY Sary, unera y be IERA	EXAMINER'S TOTAL BY THE TRANSPORT OF THE PROPERTY OF THE PROPE	19/19
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR. Page Health priar to burial, crem	NAME (Type) LESTER N. KOLMAN, M.D. ADDRESS(Street, city, town, of country) 11 STade	Avenue
5 ± 5 0 H	1 Pourous to the last	unty) (Stote)
	BUSYELFROOTY) 10-5-74 Bal AIR INEMORIAL GAR BELAVE MD	
	24 FUNERAL DIRECTOR 250. REGISTRARY CLEAN ADDRESS 250. REGISTRARY	ATURE Grands
VR A15ME (5) 10M REV. 1/68	EUMNS FUNERAL Chapel 8800 HARTERU RD DATE	3.0



4	1.	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 7 9	2	3 9	0 5	
"		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HO3/5	
	3. SE			4 RACE	S.	DEVE 5. DATE O		6. AGE (IN YEARS LAST BI	13,19	IF UNDER 1 YEAR	6 p	
M.	0.7	Female		Whit	е		ist f, 1900	79 YRS.				
33		RTHPLACE ISTATE OR FOR MARYLAND		U.	S.A.	MARRIE WIDOWE	DI DIVORCED	BALTIMORE CITY	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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35	13a S M	at RESIDENCE (IF NURSIN BIATE aryland	Balt	other institution, TY Imore	ONE RESIDENCE BEFORE 130. CITY OR TOWN TOWSON		136. INSIDE CITY LIMITS?	13. STREET ADDRESS	orida :	Road		
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medico	16a. V	VAS DECEASED EVER II		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDI				
1		No			218-10-8	000	Mr. William	E. Devers	15 F1		Road	
lury, or other fro	NOI	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN	the lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIV	EN IN PART 1	101	
ows only in	CERTIFICATIO	190 DATE OF OPERAT	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?		, WERE FINDI YING CAUSES		
9		21a ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTION CONTRI	USE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, P	ART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRI	LE C	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
7 1 12 117		22a.1 certify that (1) (sow the decease above, (1) (we) (di	J OHVE OH _			79	DBER 10 19 79 nd that in (my) (our) opinion (, todeath occurred on the		r ond from the	thot (1) (we) lo	
######################################		22b. SIGNATURE	4	Blu	helm	111	-	MEDICAL ST.	AFF ICIAN 🗌	22c. DATE	SIGNED -	
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2		Abdolhan			M.D.		7620 YORK		SON, MA	RYLAND	21204	
	230 (BURIAL, CREMATION, F	EMOVAL	236. DATE 10-1			TEMETERY OR CREMATORY	Phoeni:	х,	Maryl	and	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR
Ruck^{ME} Towson Funeral Home, Inc. Towson, Maryland 0071 7 1979

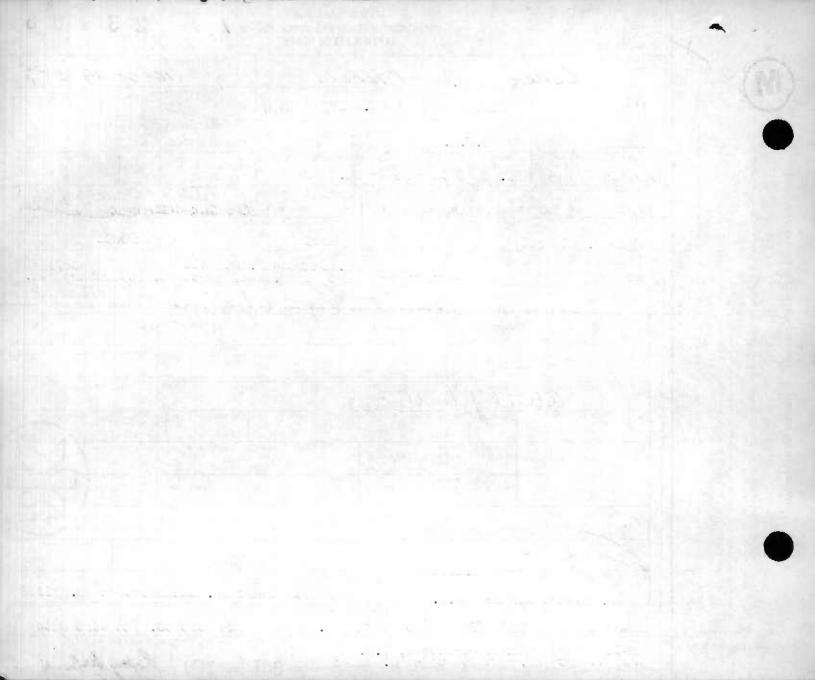
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. *	r.	FOR - STATE REGISTRAR			STATE OF MARYL NT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGI	ENE 7 9	2 3	9	0 6
leoth see 3		CEASED NAME FIRST CORPRINT)	ARK R	Z	ibbell	,	20.07.12.07.027.111	10-08-		26. HOUR 25. A
oth. Pog. mart. Seral director, page 3 72 hours after death	3 SE	×m	4 RACE WHITE		DEC BIRTH	1914	6. AGE (TO YEARS LAST BIRTH	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN
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n ond Pages	160	NAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	SOCIAL SECURIT	or Dr. Ch	arles B.	Dibbell Se. North S		rsbur	3713 7 Fla.
that the deoth certificate by dby the attending physician leose remove carbonoppers. In cremation, or removol.		Conditions, if ony, which gave rise to immedia couse (a), stating the underlying couse last	DUE TO, OR AS th te DUE TO, OR AS	A CONSEQUENCE		ptu a	les inth	nile,		
been signe mit. Then p prior to bur ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFIC	till h	loully	ATH BUT NOT RELATED	LIMITA	20a AUTOPSY?	20b. IF YES, WEI	RE FINDING	OF DEATH?
SICIAN: In any physicion certificate virial-transit tentol Hygie them 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH HOUR A.M.	MONTH DAY	YEAR 19 216 HOW IN		YES NO D	YES []	DR PART 2)	но 🗌
ar ottendi After this e os the bu olth and M marked or	ME	WHILE NOT WHILE C	(AT HOME, STREET,	FACTORY, OFFICE, FARM		014	CITY OR TOWN	4 CC	YINUC	STATE
he hospitol DIRECTOR: Coched for us Dept. of Hem 21 is		220.1 certify that (I) (this saw the deceased almobave, (I) (WE) did) (d)		19	DEGREE	ATTENDING	mEDICAL STAFF			The same
ro HOSPITAL etoined by th TO FUNERAL should be determent the Store MAPORTANT; it		The second second	d Garber M	1. D.	220 ADDRES 5310	ss Old Cous	rt Rd. Rand		n Md.	21133
8P	230.	Burial, cremation, remo specify) <i>Removal</i>	236. DATE 18/ 8/79		AE OF CEMETERY OR I	CREMATORY	Van Wert C	o. Van	Wert	Ohio

BP_ DHMH - 16 50M 1/76 (VR A 15 (4))

236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY REMOVAL 24 FUNERAL DIRECTOR Byers Funeral Directors, P.A. 8728 Liberty Rd. Randallstown Md. 21133

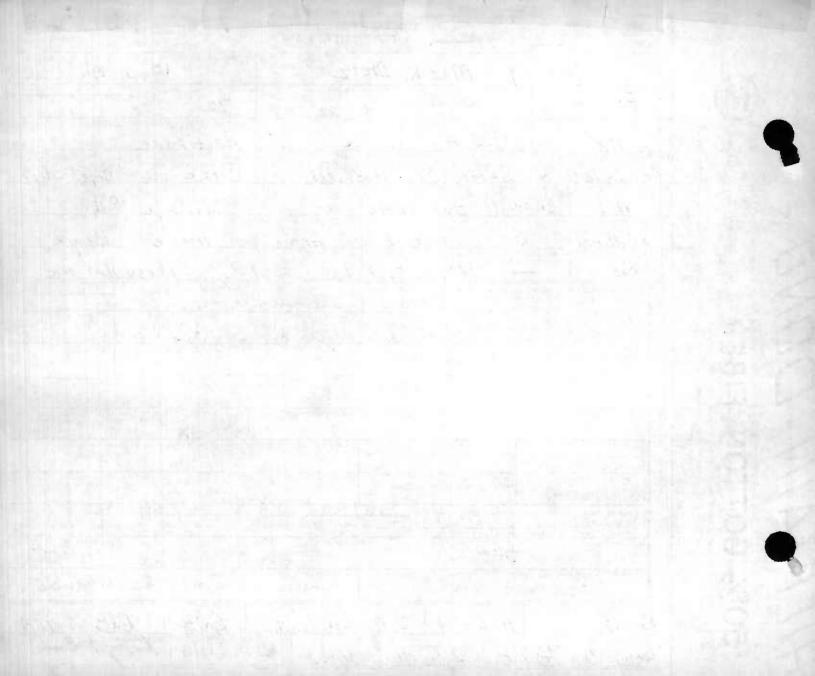


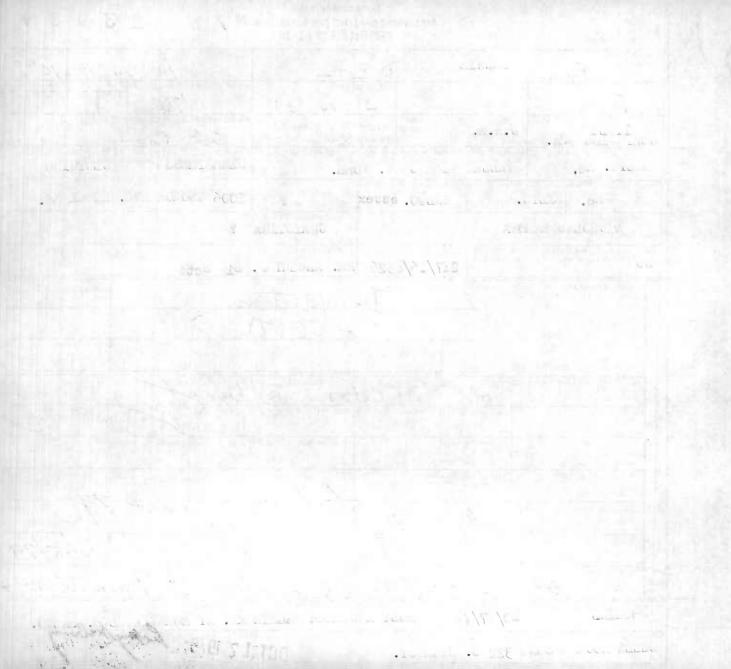
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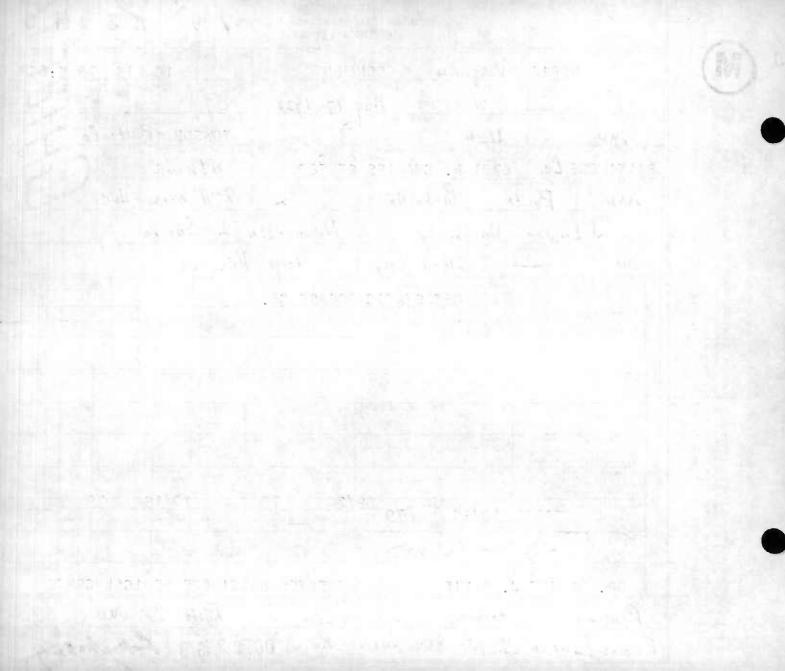
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hospital o		22a 1 certify that (I) (this haspital) after saw the deceased alive on A above, (I) (we) (did) (did not) vin the 22b. SIGNATURE	16/3/19	29 , and that in (I	1	to	nd haur and from the	that (I) (we) last e causes stated E SIGNED.
by the		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	every,	22e ADD	PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN		5/31/29
TO HOSPITAL retained by the TO FUNERAL should be det with the Store with the Store IMPORTANT:	73n	SRIPINAS BURIAL, CREMATION, REMOVAL 236 D	MD.	NAME OF CEMETERY C	alticience	Ceruly C	ien. Morg	nal.
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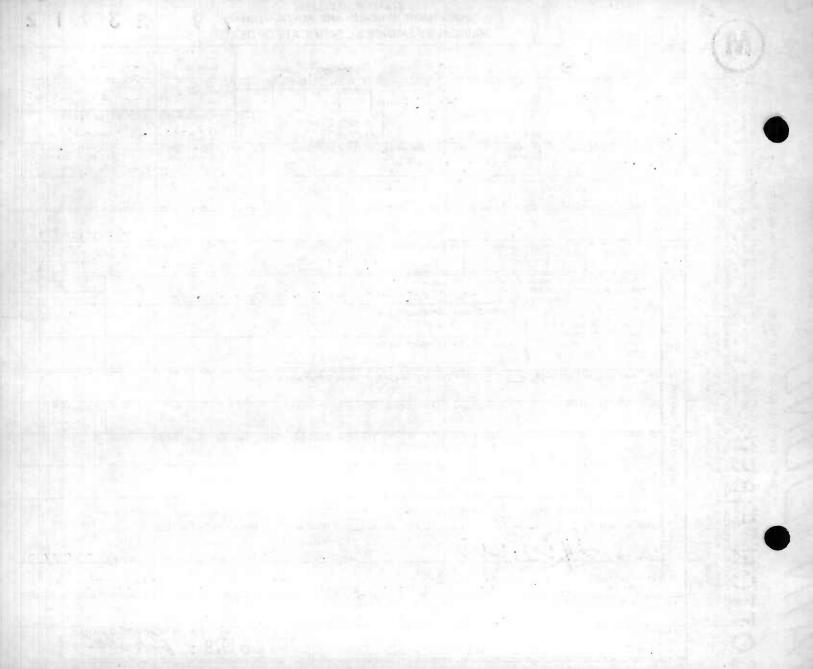


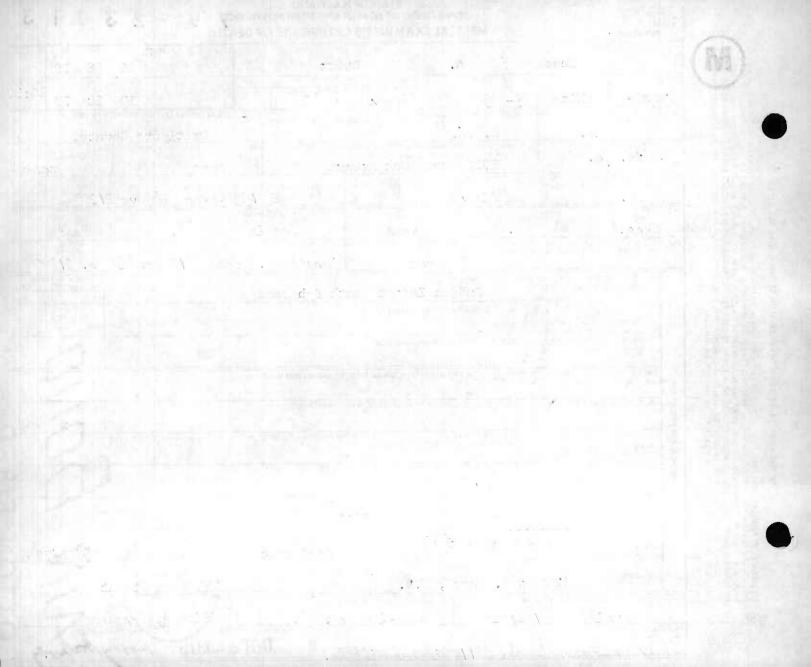
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	R ATTEN hospital RECTOR: hed for us spt of He			sow the deceased alive on	10/15	19 79	, and that in (my)_((our) opinion de	eath occurred on the do	te and hour and	d from the	causes stated
	OR A bure bure bept them			obove, (I) (we) (did) (did no 22b SIGNATURE	T) view the body offer	deoth.	DEGREE				22c. DATE	SIGNED
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	of of of short with		23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23 () AMI	OF CEMETERY OR C	REMATORY	23d. LOCATION	A day	NIX	STATE
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	DHMH - 16 60M 1/75		24 FL	NERAL DIRECTOR	101-051	OroGresson 11	- Franka	25a. DATE	REC'D. BY REGISTRAR	256. RESISTRAR	SSIGNAT	JR & SALES
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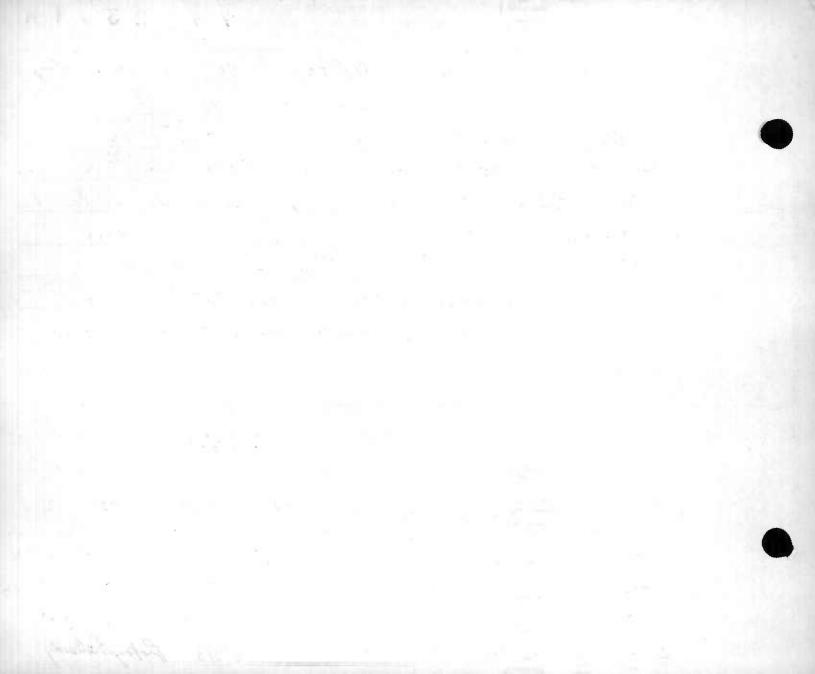
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Ci	16-16	John	EVER IN U.S. A	Р.	. 1	Dorzey		Ma 17. INFORM			I	Rykac	zewsk	
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	Z	PART 2 DTHER 510	GNIFICANT CONDITION		DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION	GIVEN IN PART	1 (a).				
_	ATIC	19a. DATE OF	OPERATION	19b. C	ONDITION	FOR WHICH OP	ERATION W	AS PERFORA	MED?			20.	AUTOPSY?	
1	FE											n ni	YES T	NO 🗆
2	MEDICAL CERTIFICATION		L CAUSE WAS		ME OF INJ	URY ONTH DAY YE	21c. H	OW INJURY	OCCURRED	LENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	- 202	
	CAL	UNDERLYING CONTRIBUTION	G CAUSE OF	DEATH	P.M.	19	<u> </u>							
	VED	21d INJURY C	CCURRED	STOR	LACE OF IN	JURY (AT HOME,		CATION		CITY OR TOWN	ł	COUNTY		STATE
	1	AT WORK	NOT WHILE AT WORK											
8		22a. I certif	y that I taak cha	rge of the remai	ins describe	ed above, held an	Autop	sy X,	Inspection	, Inquiry	, ond in	my apinian		- 46
		death results	d from: Not	ural causes X	, Acc	ident,	Suicide	, Hamici	ide	Undetermined man	ner,			
		ACTUAL	11	211	000			TITLE (SF				DATE		
_		SIGNATURE_	-7/	1100			M	.o. Assi	istant	_MEDICAL EXAMIN	NER	DATE SIGNED	10/25,	/79_
2		EXAMINER'S (TYPE OR PRIN	VT)		R. Gi	ard, M.I		ADDRESS		Penn St.	Balto	o., MD).	
	23c. B	PECIFY)	ION,REMOVAL			23c. NAME OF C			RY	23d. LOCATION		COUNTY	STA	
	24 51		rial	10/29	779	St. S	tanis		AL DATE OF	Baltimo			aryla	and
	24. F	NAME	TORDuda-	Ruck,	DORESS C.	3-11- 14	D 010		OCT S	C'D. BY REGISTRAR	25b. RECUSTR		Crealy	
- 7		1922 V	VISE AV	enue,	Dunc	dalk, M	D ST	444	301 4	0 0 101 0	1	7	-	





P	1.	FOR STATE REGISTRAR		DEPART	AENT OF HEALTH A	AND MENTAL HYG OF DEATH	IENE 7 9	2 3	91
page 3		CEASED NAME FRST	İs	AGELL	Du	Ffey	20. DATE OF DEATH	13 14174	26. HOUR
Page 4 may be differing page (3. SE	× F	4 RACE	1	5. DATE OF BIRTH	1426	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
12	7a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY ASS	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NE	VER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH	1
by the fur filed within	10. C	JARKULLE	11. NAME OF	HOSPITAL, NURSIN	GHOME OF OTHER	RINSTITUTION LANG	120. USUAL OCCUPAT	ON 126 KIN INDUST	DOF BUSINESS
filled in avid be	USU 13a.	AL RESIDENCE (IF NURSING HOM STATE Md 136	THU	130 PTY OR TOW	N/ 134. INS	IDE CITY LIMITS?	130. STREET ADDRESS	Double	Rock
completely 1 and 2 sh	14. F.	WIL MOH	MIDDLE	HOY T	15. MO1	HER'S MAIDEN NAM	AE MIDDLE	HAL	LAST
be execution and cars. Pages 1	160 \	WAS DECEASED EVER IN U.S. YES, NO OR YUKHOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECU	RITY NO. 13 INFO	Tym.	L., ADDR	ecord,	
aw requires that the death ce been signed by the attendim rmt. Then please remave carb prior to burial, cremation, arr any injury, ar ather traumatic	NOIL	Conditions, if any, which gave rise to immediate cause in stating the underlying cause last PART 2 OTHER SIGNIFICAN	IT CONDITIONS C		DEATH BUT NOT REL	ATED TO THE TERM		DITION GIVEN IN PART	
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	PITION FOR WHICH	OPERATION WAS P		YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
physical physical regard of Hysical Hy		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMI	DEATH HOUR A			W INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
DING PHYSIC or attending After this cere as the burio alth and Ment marked or Ite.	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		CATION	CITY OR TO	wn COUNTY	STATE
TEN OR STATE		220.1 certify that (1) (this has saw the deceased alive above, (1) (10) (did) (did)	on OCT	10 19	79_, and that in	(my) (por) apinion d	to o	, 19 <u>7</u> ate and haur and fram	, that (I) (we) to the causes stated
AL O:: ATTEN The haspital AL DIRECTOR detached for u ore Dept of He II: If them 21 is		22b. SIGNATURE	0.0	Loen	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF A	ATE SIGNED
TO HOSPITAL Communication of the hospital of t		220 PHYSICIAN'S NAME (TY	C C Sh	en m	27e AD	DRESS	N. PT.	B - BA	20 md
BP	23o.	BURIAL CREMATION, REMOVE SPECIFY BURIAL	AL 236. DATE	179 1361	AME OF CEMETER	OR CREMATIONY	23d LOCATION	(A) COUNTY	Mass
DHMH-16 20M (VRA 15, 4) 7/7B	24. E	UNERAL DIRECTOR	RAL Char	ADDRESS 8	00 HARTO	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	Borody



May 1		CEASED NAME	FIRST		M	IDDLE	LAST	144	2a. DA	TE KNOWN E	MONTH	DAY YEAR	2 b. F
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TATA ZA	14. F/	ATHER'S NAME		MIDDLE		LAST		THER'S MAID	ENNAME	MIDDLE		LAST	
2030		Georg	е		Ecka	rius	13	Anni	е		Zieg'	ler	
DIVISION OF VITAL	.16a. √ (Y	VAS DECEASED	EVER IN U.S. A	ARMED FORC	ES?	6b. SOCIAL SECURIT		ORMANT		ADDRES			
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Ē,		18 CAUSE OF PART I DEA	DEATH (Enter of THE WAS CAUS	anly one caus SED BY:		(a), (b), and (c).) ertensive	Arterios	cleret	ic Cardi	0172 0011 1	lar	APPROXIMA BETWEEN ON	SET AND
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MOVA		gave rise	s, if any, which to immedia	ate /	(b)								
MENTAL HY		gave rise	to immedia	ate /	E TO, OR AS	A CONSEQUENCE					- 38		
N, OR REMOVA		gave rise cause (a) s lying caus	to immedia stating the <u>unde</u> e last.	er- DU	c)	A CONSEQUENCE	OF						
ATION, OR REMOVA	Z	gave rise cause (a) s lying caus	to immedia stating the <u>unde</u> e last.	er- DU	c)		OF		ART 1 (a),				
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H THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D LAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise cause (a): lying caus PART 2 DTHER SIG 19a. DATE OF C 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK	DPERATION CAUSE WAS OR CAUSE WAS CAUSE WAS AT WORK AT WORK AT WAS Characters AT WORK AT HEAD CAUSE CO	DF DEATH 21b H0 21c proper of the real	CONDITION TIME OF INOUR A.M. M P.M. PLACE OF I STREET, FACTORY	A CONSEQUENCE NOT RELATED TO THE TERM N FOR WHICH OPER JURY ONTH DAY YEAR 19 NJURY (AT HOME, FARM, ETC.)	OF RATION WAS PERF 21c. HOW INJU 211. LOCATION STREET Autopsy	DITIDN GIVEN IN PA FORMED? URY OCCURRI	ED (ENTER NATURE (DR TOWN	coul	YES X) NO
AL, CREMATIC		gave rise cause (a): lying caus PART 2 DTHER SIG 19a. DATE OF C 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22a. I certify death resulted	DPERATION CAUSE WAS OR CAUSE WAS CAUSE WAS AT WORK AT WORK AT WAS Characters AT WORK AT HEAD CAUSE CO	IPS CONTRIBUTING 19b 21b H1 21c Sorrege of the rese	CONDITION TIME OF INOUR A.M. M P.M. PLACE OF I STREET, FACTORY	A CONSEQUENCE NOT RELATED TO THE TERM N FOR WHICH OPER JURY ONTH DAY YEAR 19 NJURY (AT HOME, FARM, ETC.)	AUTOPSY AUT	FORMED? URY OCCURRI Inspectic amicide, LE (SPECIFY)	CITY C Undetermine	DR TOWN	coul and in my opi	YES X] NO
133		gave rise cause (a): lying caus PART 2 DTHER SIG 19a. DATE OF C 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify	DPERATION CAUSE WAS OR CAUSE WAS CAUSE WAS AT WORK AT WORK AT WAS Characters AT WORK AT HEAD CAUSE CO	IPS CONTRIBUTING 19b 21b H1 21c Sorrege of the rese	CONDITION TIME OF INOUR A.M. M P.M. PLACE OF I STREET, FACTORY	A CONSEQUENCE NOT RELATED TO THE TERM N FOR WHICH OPER JURY ONTH DAY YEAR 19 NJURY (AT HOME, FARM, ETC.)	AUTOPSY AUT	FORMED? URY OCCURRI Inspectic	CITY C Undetermine	uiry , a	coul	YES X] NO
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

IF UNDER 24 HRS

NO [

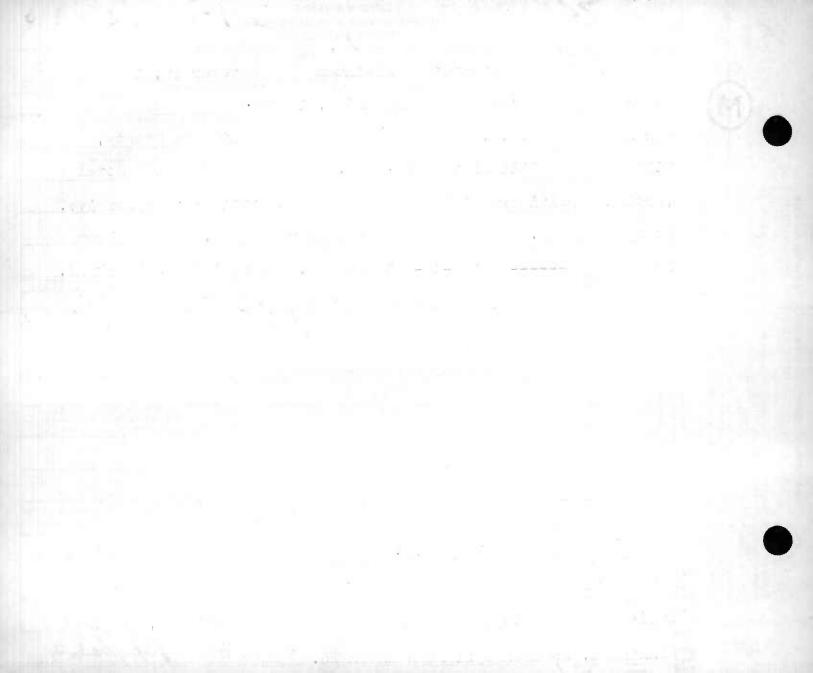
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Item #1 Film G536 10/31/79 rc

FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/7B



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BP

DHMH - 16 50M 7/77

(VRA 15 (4))

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female 70. BIRTHPLACE STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER III

160 WAS DECEASED EVER IN U.S. ARMED FO

Conditions, if ony, which gove rise to immediate

couse (o), stoting the

underlying couse last

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER! 21d. INJURY OCCURRED

NOT WHILE

sow the deceased alive on obove X) (we) idid (d) Xi) view

22a. I certify that (K(this hospital)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

18. CAUSE OF DEATH (Enter only one

PART 2. OTHER SIGNIFICANT CONDIT

PART I. DEATH WAS CAUSED BY.

COUNTRY

TOWSON

4 FATHER'S NAME

CERTIFICATION

MEDICAL

AT WORK

226. SIGNATURE

23e. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

(YES, NO OR UNKNOWN

3 SEX

FRANCE 4 RAC

76 CIT

11. N. (IF

MIDDLE

(IF YES, GIVE WAR OR

IMMEDIATE CAU

Leonard J. Ruck Inc. Baltimore, Maryland

	DEPARTA	NENT OF H	OF MAR EALTH AN	YLAND ID MENTAL H F DEATH	YGIEI		REG. NO	2	3	3 9	1	8
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ACE White	e	5. DATE O Sept	F BIRTH . 10, 1	891 YEAR	6.	AGE (IN YEARS I		(DAY)	MON	NDER 1 YEAR	HOURS	DER 24 HRS
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196 CONDI	TION FOR WHICH	OPERATION	WAS PER	RFORMED		200 AUTOPSY	? XX	IN CER		ERE FINDI G CAUSES		ATH?
21b. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW	/ INJURY OCCU	JRRED	(ENTER NATURE	OF INJUR	Y IN ITEM 1	B, PART 1	OR PART 2)		
21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCA STR			Cim	ORTOW	N		COUNTY	Ţ,	STATE
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uce	0	100°	EGREE	ATTENDING PHYSICIAN		MEDICAL DIRECTOR F	STAF			22c. DATE	SIGNE	17,79
B. B.	045 M.	D	Sc ADD	SLOTT	At.	DAM	RQ 1101	ud	2	103	D	
b. DATE	23c. N	IAME OF CE	METERY (OR CREMATOR	Y	23d. LOCATIO	N		COU			STATE
Oct. 30	0.1979 No	reland	d Mem			Balti	more	2			MA:	

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FOR

- STATE

Timonium. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (Que) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY Horse, Harford 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 Benjamin W. Kurtz Jarrettsville.Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

5-

IF UNDER 1 YEAR

DAYS

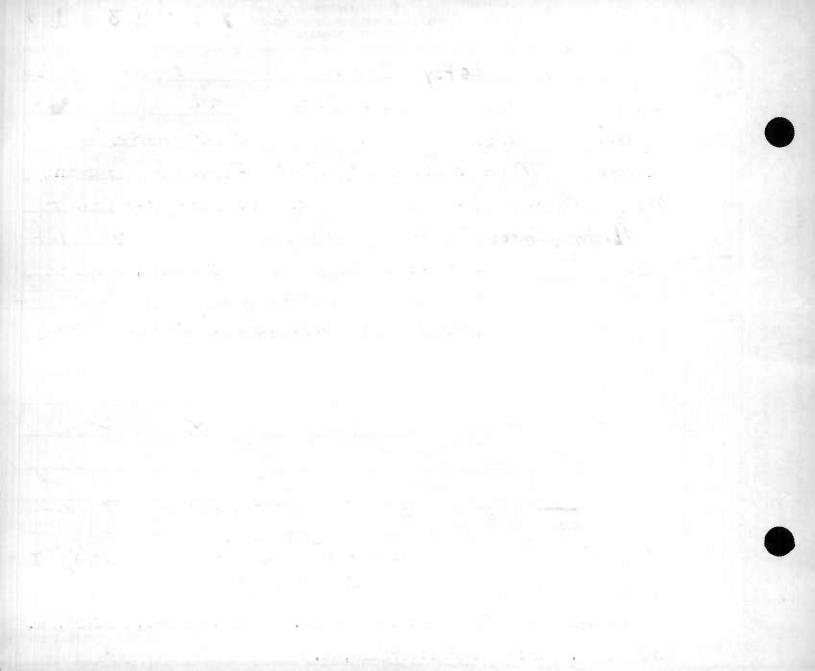
2h. HOUR

HOURS

126 KIND OF BUSINESS OR

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IF UNDER 24 HRS



FOR

STATE REGISTRAR

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filled in would be	13a STA	RESIDENCE IF NURSI ATE ryland	NG HOME OR OT 136 COUNTY Balti	13c C	esidence before admission TITY OR TOWN Ansdowne	N) 13d INSIDE CITY LIMITS? YES NO 📆 🛣	13. STREET ADDRESS 3212 Ryer	son Circle	21227
ompletely ond 2 sh examine	14. FATH	ter's NAME First Lawrenc	e Milo	Na	uss apier	IS MOTHER'S MAIDEN NA	E.		sı nown
s. Pages		S DECEASED EVER , NO OR UNKNOWN) NO	N U.S. ARME (# YES, GIVE W	AR OR DATES)	12-30-5249	Robert J. E1	ADDR 1is,Jr.,321	2 Ryerson Ci	
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has been signed to permit Then ple tene prior to buring aws any injury, a	S	ART 2 OTHER SIGN				UT NOT RELATED TO THE TERA	70a AUTOPSY? YES NO	206 IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS USED
certificate certificate viral-transfer Hyg	CAL	OR CONTRIBUTING C	AUSE OF DEATH	P.M.	MONTH DAY YEA		RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART I OR PART 2)	
or ottend ar otten this e as the b oith and A	<u>^</u>	IN INJURY OCCURR WHILE NOT WH T WORK AT WO! 20 I certify that W	RK -		CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE
birectors:	L	and the second		iew the body ofter	-173	and that in (lay) (our) opinion		22c. DATE	couses stoted
ould be deto	2	2d PHYSICIAN'S NA Dr. Raymo	0.00)	D)en	ATTENDING PHYSICIAN [170 ADDRESS Wilkens & Pi		21:	229 Maryland
BP	23a BU (SPE	RIAL, CREMATION, I				CEMETERY OR CREMATORY Park Cemetery	23d LOCATION CITY OF LOWN Baltim	ore, Marylan	d STATE
DHMH-16 20M (VRA 15, 4) 7/7B		bard Fune	ral Ho	ome Inc 4	107 Wilken	s Ave 21229	T 2 4 1979	256. REGISTRAR'S SIGNA	Credy

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

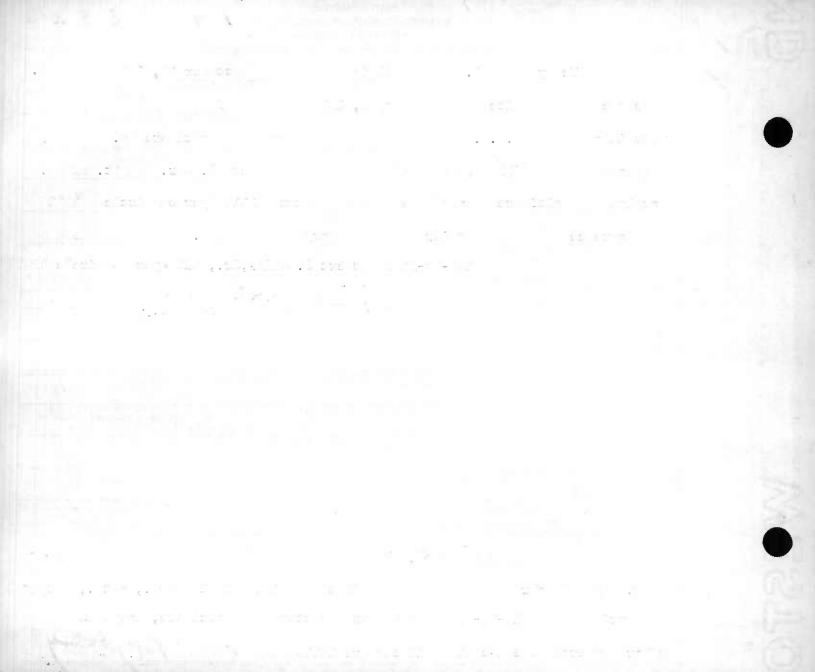
CERTIFICATE OF DEATH

REG. NO.

26. HOUR

IF UNDER 24 HRS

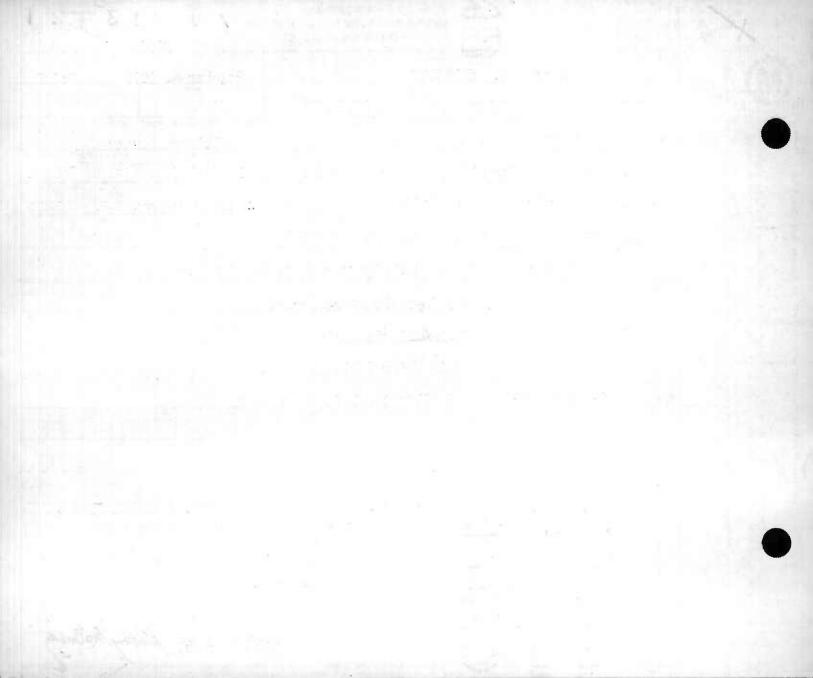
IF UNDER I YEAR



DIVISION OF VITAL RECORDS,

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 9		3 9	2 2
noy be poge 3			CEASED NAME FIRST	mes K. MID	Eney,	Sr.	AST	Oct. 24	, 1979		2b. HOUR
ge 4 moy		3. SE	Male	4 RACE White		5 DATE O	P BIRTH 1'905	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
P de gh. Po	83		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	16 CITIZEN OF WH		WIDOWE		Balto. C		FDEATH	MI
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ote be executed by sicon and coppers. Pages 1 vol.	1	160 \	VAS DECEASED EVER IN U.S. AI		SOCIAL SECU 214 20		17 INFORMANT Fam	ii 1 y	ESS		
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The low requires icton. The has been signed as the permit. Then ple reference or the ple reference or the prior to burner the work any injury.	9	CERTIFICATION	Part 2 Other Significant Persh vary C 190 Date of Operation	disea	a. Co	nge	, ,	. / 1	Mo tra	WERE FINDING NG CAUSES O	g ura
UNSIGNOR OF VITAL NG PHYSICIAN: The ottending physician that this certificate has the burial-transit purpose of the man 8 shaper means 18 shaper	9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF	MONTH DA	19	211 LOCATION STREET	RED (ENTER NATURE OF HUJU		(1 OR PART 2)	STATE
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HOSPITAL OR ined by the hi FUNERAL DIRE build be detoche the Stote Borb	1		sow the deceased alive or above, It was failed to a solution of the solution o	PRINT)	death.	na	ATTENDING PHYSICIAN [Director PHYSH	FF CIAN []	29 C	
Bb 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		23a E	BURIAL, CREMATION, REMOVAL SPECIFY) burial		23c. N	AME OF C	emetery or crematory and Memoria	1 Ballocation	Courf		
DHMH - 16 60M 1/75 (VR A 15 (4))			UNERAL DIRECTOR NAME Vans Funeral	Chape1	8800	Harf	ord Rd. OC	T 30 19/9	25h REGISTRA	RS/SCOUN	Rody

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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		FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		NO.	3 9 2 4
		DECEASED NAME F	RST	MIDDLE	LAST	24 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
y be ge 3 eath			LAURA	E.	EYSTER	October	16. 19	79 10:10 %
4 may	3.	SEX	4 RACE		S. DATE OF BIRTH	6 AGE (IN YEARS LAST B	MTHDAY) IF UN	HOER I YEAR # UNDER 24 HRS
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death. P	5	BIRTHPLACE (STATE OR FOREK	Th CITIZ	ZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE			
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ithin 24 ho y filled in I ould be fill	36 4	SUAL RESIDENCE (IF NURSING ISTATE	HOME OR OTHER IN	STITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TOV 134 AL	RE ADMISSION) 134 INSIDE CITYLIN 10 YES NO	11/19	V, Suy	IDER AVE
cuted with	30"	FATHER'S NAME WINFRE	D MIDDLE	HAUS	IS MOTHER'S MAIL	DEN NAME MIDDLE	B	AIR
te be exected an and configuration. Pages 1 and the merent, the merent	1	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FO YES, GIVE WAR OR I	RCES? 166 SOCIAL SEC DATES) 84-09	17 INFORMANT PAULI	NE LiSpan	ress 7-6/	BALTO, A
certificate be executed within 24 houring physician and completely filled in by an papers. Pages 1 and 2 should be filed removal.		PART I DEATH WAS	CALISED BY.	ouse per line for (a), (b), o E (a) <u>Cardiac</u>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death cerrity the attending pter remove carbon particular, or remove cortex remove cortex traumation.		Conditions, if ony, w	hich (E TO, OR AS A CONSEOL	rencesor heart	Harline.		out hr.
ed l		cause (a), stoting		E TO, OR AS A CONSECU	ENCE OF D	0		whown
aw requi			CANT CONDIT	IONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CO	NDITION GIVEN I	N PART 1(0)
IAN: The lacian. Cian. ficate has be mait permit. Hygiene priin. In 18 shows:	9	190 DATE OF OPERATIO	N 19b	CONDITION FOR WHIC	OPERATION WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO
PHYSICIAN ng physician. this certificat urial-transit the Mental Hygin d or Item 18	A .	00.000,000,000,000	SE OF DEATH	TIME OF INJURY DUR A.M. MONTH (P.M.	PAY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1	OR PART 2)
ENDING PHYSICIAN: The law reconstruction or attending physician. 9R: After this certificate has been six as the burial-transit permit. Then ealth and Mental Hygiene prior to be is marked or Item 18 shows any in the second or		(IF EITHER, NOTIFY MEDICALE) 214. INJURY OCCURRED WHILE AT WORK		PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR T	own c	OUNTY STATE
or or see a Hea		saw the deceased above, (1) (we) (did)	live on	nded the deceased from		apinion death occurred on the	dote and hour and	
ITAL OR AT. y the hospital RAL DIRECT detached for utate Dept. of		27b. SIGNATURE	1	and		DING MEDICAL ST	AFF ICIAN 🖯	10-18-79
TO HOSPITAL retained by the 1 TO FUNERAL E should be detach with the State D IMPORTANT:			Soll		100	o Sango	m Rd	21222
BP		BURIAL, CREMATION, REA (SPECIFY) BURIA	AOVAL 236. E	0/20/79 1	PROSPECT H	ILL YORK	YORK	Co, Pio
DHMH-16 25M	21	FUNERAL DIRECTOR	X	ADDRESS	Landon P	OCT 2 3 1979	R 750. REGISTRAR	3 Milliody

STATE OF MARYLAND

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17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** theranltome APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE Baltimore Maryland itzke 4112 Columbia RD Ellicott City DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

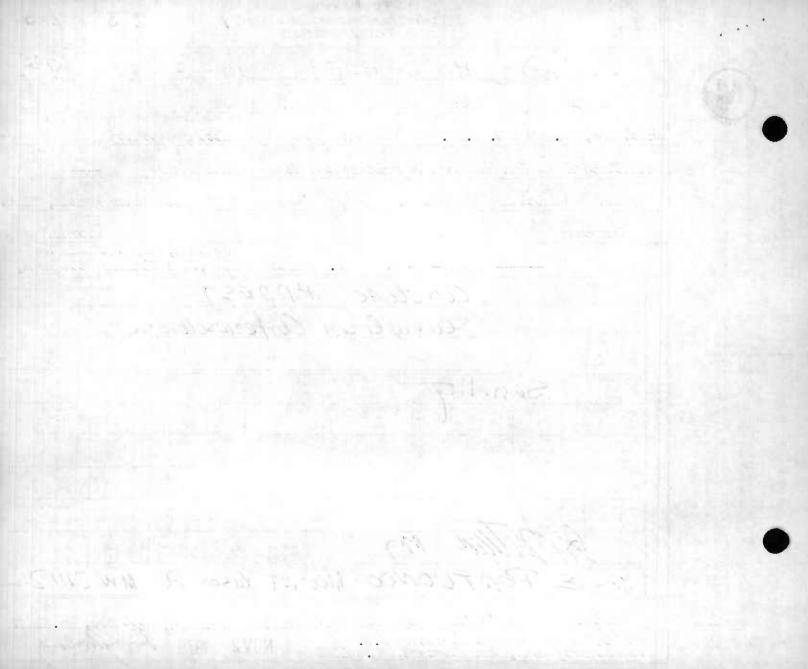
REGISTRAR

- STATE

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(MAI)	3 SE	x	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
(1)		Female	White	04	20 87	92	MONTHS DAYS HOURS MIN
	30. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OF COL	
1 1 30		Itimore, Md.	U. S. A.	WIDOW	ED DIVORCED [Baltimore Co	ounty MD.
1110.		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
201	3	ndallstown	Randallstown Co	nvales	cent Center	Home maker	
AND 21	. 13a	STATE 1136 COU	or other institution, give residence before NTY 134, CITY OR TOVE Woodlaw	re admission; NN 1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2017 Wells M	lanor Avenue, 21207
MARYL, mpletrely med 2 v	14 F/	ATHER'S NAME Charles	MIDDLE Hayes		15 MOTHER'S MAIDEN N	MIDDLE	Fornes
NE.			RMED FORCES? 165 SOCIAL SEC	URITY NO.	17 INFORMANT	Woodladnies Ma	ryland 21207
BALTIMORE, one he execus skiciou and sc spen, Fogen and.		No	215-54-	2076	Mr. Charles	Farley,7520 Wi	ndsor Mill Road,
, 201 W. PRESTON res that the death or ned by the attendar n please remove cort ourlal, cremation, or y, or other traumati		Conditions, if ony, which gove rise to immediate couse to stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) CONDITIONS ONTRIBUTING TO		sed Ov	FERIOSCIEROS	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Ther this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TAL I	RI	AL ACCUSATIVACIONES IN THE PROPERTY OF THE PRO	T AND THE OF INVITED		21. HOW BILLIAN OCC.	YES NO	YES NO
I OF VI		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH	AY YEAR	ZIE. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
G PHYS attender this is the but ond M. I and M. I sed or its ed or	MEDICAL	AT WORK NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN Suppled or SCTOR: Aff of for use a of for use a for use a of for use a		sow the deceased alive a	oital) attended the deceased from		nd that in (my) (our) opinio	on death accurred on the date an	. 19, that (I) (we) last
Al OR Al DIRECTOR DIRECTOR DEPOSITE DEPOSITE THE FIRECTOR DEPOSITE		obove. (I) (we) 22b SIGNATURE	WWW M	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
TO FUNER should be with the Std		TOSE (TYPE	PORTUON	VOO	MOC NT	WILSON PO	MWZIIIZ_
7 5 5 4 3 ₹	23a.	BURIAL, CREMATION, REMOVA		NAME OF	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		Burial	11/02/79 Le	orrain	e Park Cemet	em Woodlawn Ba	ltimore, Md. 21207
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	Loring Byers 3728 Liberty Ro	Funeral Director ad, Randallstown	s P.A.	21133	ATE REC'D. BY REGISTRAR 256. RE	STRAR'S SIGNATURE

STATE OF MARYLAND

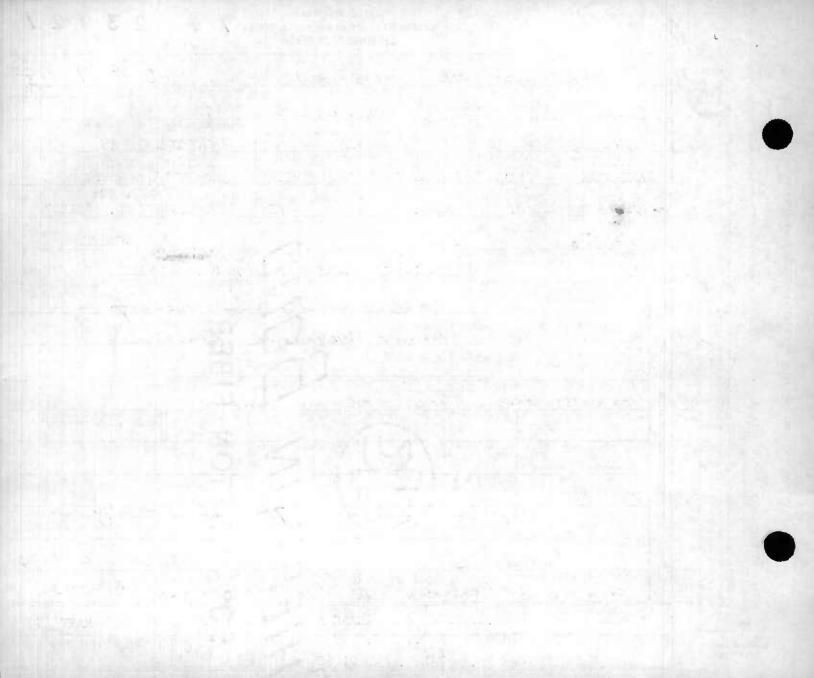


BALTO., MD 21215

6010 REISTERSTOWN RD.

STATE OF MARYLAND

FOR



FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

10-IF UNDER YYEAR IF UNDER 24 HRS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Nurse 13. SUREET ADDRESS Court Road James Mr. Robert H. Files Randallstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH heart de, case wit PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 22c. DATE SIGNED Finksburg STATE Burial Nov. 2, 1979 Evergreen Memorial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home Reisterstown, Md. 21136

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

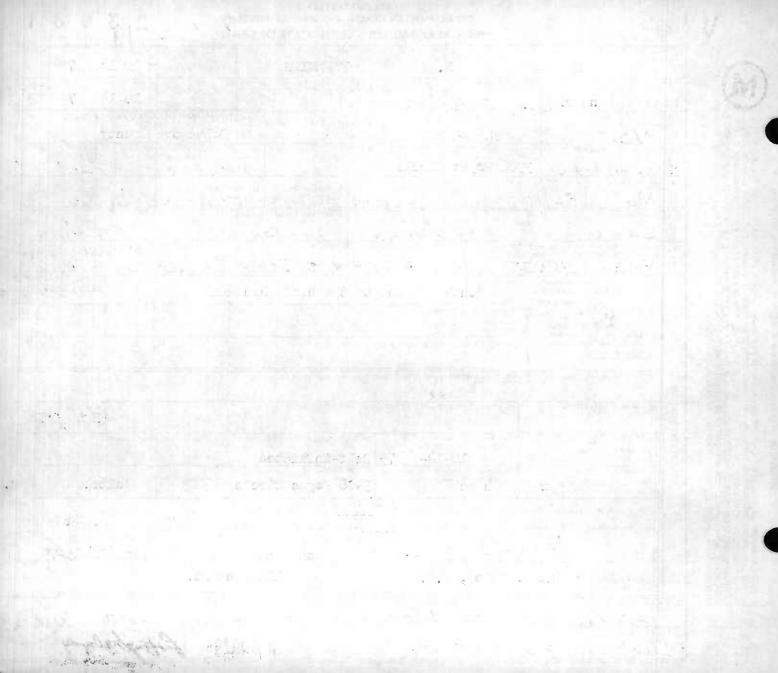
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					STATE OF MAKTLAND		
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			REGISTRAR		CERTIFICATE OF DEATH	REG. N	
		1. DE	CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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nay be page 3		_	Domenio	<u> </u>	Fiori	Octobe	
ter c		3 SE	×	RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIR	THORY IF UNDER 1 YEAR IF UNDER 24 HRS
. Page 4 m director, p	once		Male	Cauc.	2 29 1902	77	YRS.
dir. P.	En.			CITIZEN OF WHAT COUNTRY?	1 -	P BALTIMORE CITY C	OR COUNTY OF DEATH
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our our by iled	5		Baltimore	5657 Arnhem	Rd.	Grinder	Steel
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ecuted within completely fill	med.	14n A	Francisco VAS DECEASED EVER IN U.S. ARM	Fiori LED FORCES? 166 SOCIAL SECI	JRITY NO. 17 INFORMANT	ADDR	Fiori
be ex ages 1	The T		YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)		ADDR	.33
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dea dea carl	trat	-	183-	DUE TO, OR AS A CONSEOU	ENCE OF		Mary Control of the C
the att	other	-	Canditions, if any, which gave rise to immediate	(b)			
	rot	9.	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
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quir gne ple bur	njury,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
y v re	any	O					
s been strict. The prior to	S S	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED
The tehas permi	shows	E S				YES NO NO	IN CERTIFYING CAUSES OF DEATH?
		E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR		YES NO
Intiff sicil	or Item 18		OR CONTRIBUTING CAUSE OF DEATH	LIGUID A MA MONITUS O	AY YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
698	- i	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		The Samuel Control of the Control of
G PP ding ding ding md M		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
Afte the han	marked	5	WHILE NOT WHILE AT WORK	(A. HOME, SIREET, FACTOR), OFFICE,	, and the same of	/	/
R: / at	.55		22a I certify that (I) (this haspita	al) attended the deceased from	1/177 10	10/22	176, 19 that (1) (we) lost
ATTEN pital or a ECTOR: for use a	21		saw the deceased alive an_	4/20/79 19	and that in (my) (gur) apinian	death accurred on the d	ate and haur and from the causes stated
REC 1 fo	terr		abave, (1) (we) (did) (did not) 22b SIGNATURE	view the bady after death.			
ber Dep	Ξ		276 SIGNATURE	PA	DEGREE ATTENDING	MEDICAL STA	22C. DATE SIGNED
TA, th	NA T		Morton (. Orwar		DIRECTOR PHYSIC	
SPI dby dby	¥ T		224 PHYSICIAN'S NAME (TYPE OR	PRINT	22e ADDRESS	A	
TO HOSPI retained by TO FUNER should be d	MPORT		MORTON (C. OFMAN	2936 E-1	BALTIALOR	EST MO
TO HOSPITAL ON retained by the hospit TO FUNERAL DIRE should be desched fo with the State Dept.	₹	27- 1	DUDIAL CREMATION REMOVED	Tab DATE Tab		234 LOCATION	
122		730 (BURIAL, CREMATION, REMOVAL	100/00/00	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	-		Burial	10/2///9 Ho	ly Redeemer Cem		
DHMH-16 2	25M	24 F	UNERAL DIRECTOR	ADDRESS	25e. DA		25h. REGISTRAR'S SIGNATURE
(VRA 15, 4)		B.	Dabrowski &	Son 2818 E.	Baltimore St.	OCT 29 1979	moral moral

was week and a first the sale to be a second of the an analysis The property of the contract o THE PROPERTY OF THE PROPERTY O STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

release of the Petober H. 1971 Relation will county description roots thinks to see the 181 provision TELLER BE Docwoziel Airi se - Sis-W-Sis Mena M. Parker, 1915 Ulliques CVH. Dr. Twicel Halos, Jr. the first the same of the same DEMINISTRATION OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O and a second of the state of the second Education of a County Country in the SEE

STATE OF MARYLAND



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	oth certificate be executed within 24 hours after death. Page 4 may b.	anding physician and completely filled in by the funeral director, page 3 corban papers. Pages I and 2 should be filed within 72 hours ofter death
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ON ST., BALTIMORE, MARYLAND 21201	ŧ	Lon

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	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST OR PRINT) Andrew	WIDDE		LTZ	October 2,			26 HOUR 9:00p
Ī	3. SEX	ale	White	S. DATE C		6 AGE (IN YEARS LAST BIRT	MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5	7a 81	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHA	AT COUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE Franklir	PITAL, NURSING HOME COLLITY, GIVE STREET ADDRESS) Square H	PROTHER INSTITUTION	Reltimor 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O Millwrig)	ON F WORKING LIFE)	125 KIND OF INDUSTRY Cont	MD. F BUSINESS OR Can
5	13a S M a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURT BALL)	NTY 13c		13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 3512 McS	hane J	Way	
30		Charles	J.	Foltz	Frances	MIDDLE E.			uer
1			/E WAR OR DATES)	SOCIAL SECURITY NO. 16-03-0638	Agnes L. F		SS3512 Balto	McSh	ane Way 21222
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	Carcinoma of				
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT		N FOR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AID	JURY MONTH DAY YEAR 19	2 k. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	72	COUNTY	STATE
		22a.1 certify that (this hasp sow the deceased alive ar abave, (we) (did)			ember 21, 19 79 ad that in (aur) opinion				that • (we) lost causes stated
		226 SIGNATURE Edward 22d PHYSICIAN'S NAME (TYPE C	henry		ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAF		22c. DATE S	

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ental Hygiene prior to bur

MPORTANT: If Item 21 is marked or Item 18 shows any

should be detached for use as the bu with the State Dept. of Health and M

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

7922 Wise Avenue,

9000 Franklin Square Drive 2]237

136. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE

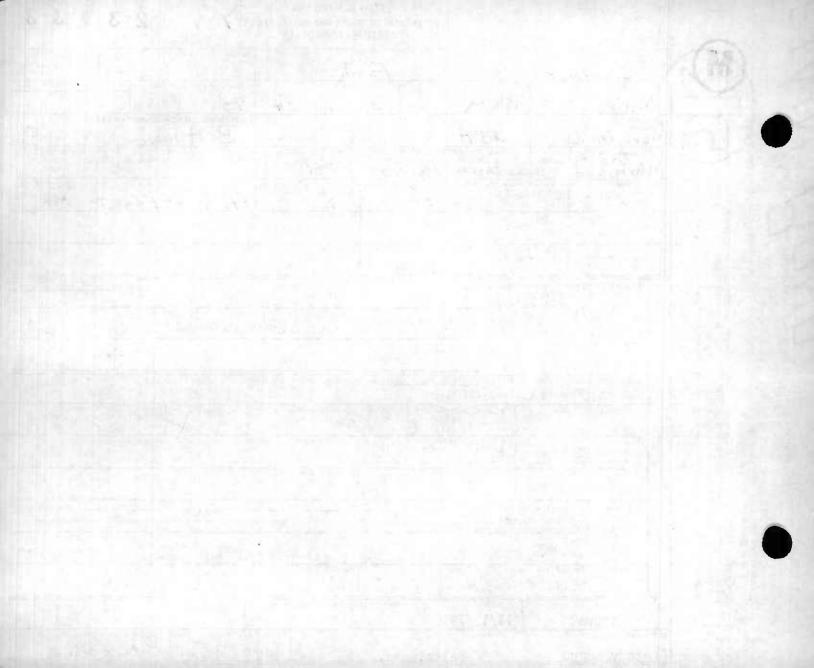
Sacred Ht. of Jesus Baltimore, Baltimore, MD 10/5/79 Burial 24 FUNERAL DIRECTOR Duda-Ruck, 250 DATE REC'D. BY REGISTRAR 256. Inc ADDRESS

MD 21222

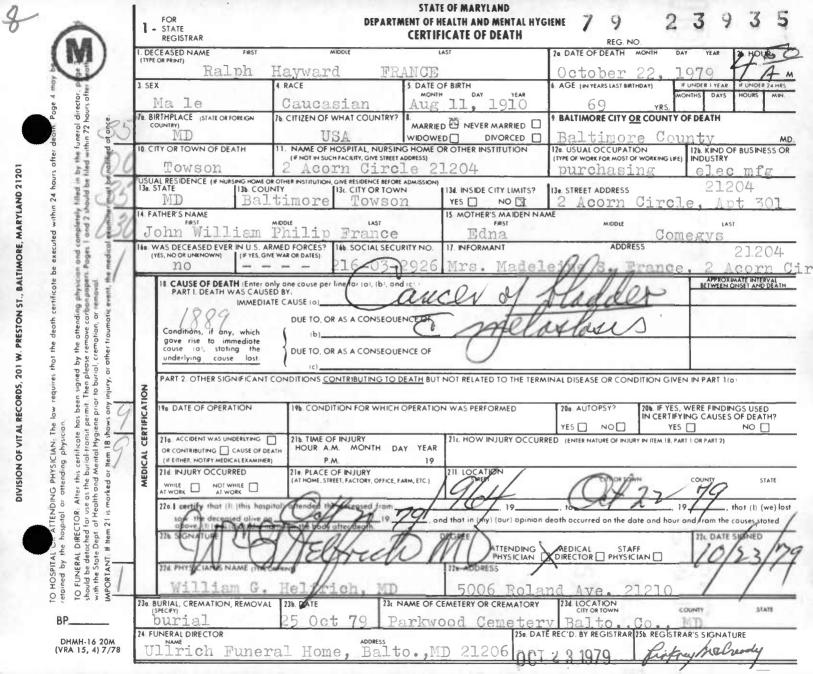
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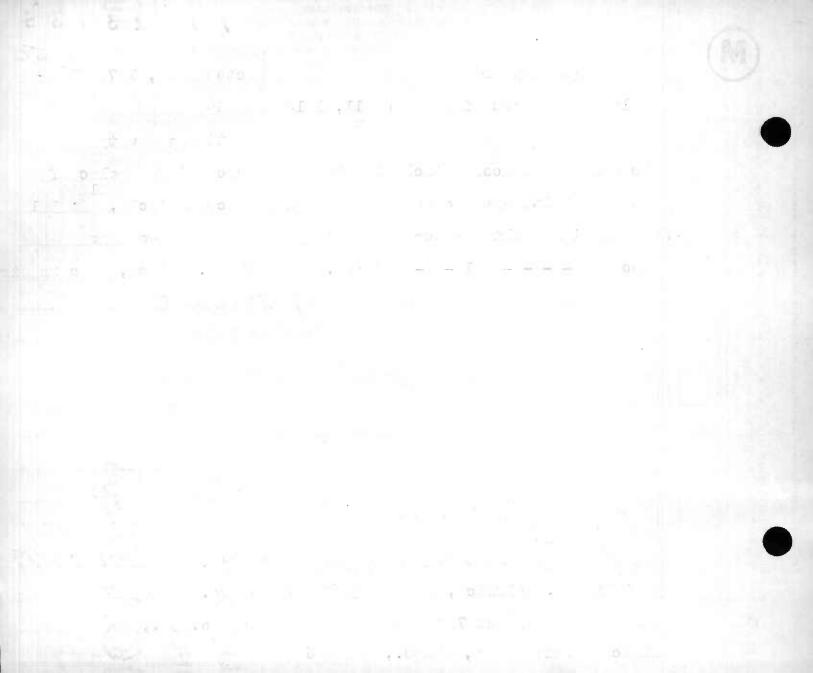
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	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9 2	3 9 3 3
oy be		Clarence	MIDDLE 4. RACE	Ford 5 DATE OF BIRTH	20. DATE OF DEATH MONTH O 6 AGE (IN YEARS LAST BIRTHDAY)	26 79 11-25 M
age 4 m rector urs af	1	MALE	Black	MONTH DAY YEAR 4	75 YRS	MONTHS DAYS HOURS MIN.
death. Pe		RTHPLACE (STATE OR FOREIGN UNITRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Ba Himore	
rs ofter by the filed with	M	aryland more	LUTHEREN HOSP	ital of md-	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 haurs mpletely filled in by and 2 should be fill existences with the contract of th	130. 3	RESIDENCE (IF NURSING HOME OF TATE 136 COUN hd -	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131 CITY OR TOWN Baitimu	1 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Sette Ave.
MARYL, ted within ampletely and 2 sh	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
IMORE, e execut n and ca Pages 1	léa W	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 578-03-61		ADDRESS	
W. PRESTON ST., at the death certific by the ottending physe remove carbanps cremotion, or remother traumatic even		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	seedlar accidu	4 - 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAY WYOMANS AND
tos, 20	NOIL	Seum du	conditions contributing to d		rminal disease or condition (
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	I b CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOT IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES
HYSICIAN adding physics certifical bursic-treat when all them 18 are them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	URRED (ENTER NATURE OF IN)URY IN ITEM I	B, PART 1 OR PART 2) COUNTY STATE
DIVISION DIVISION ATTENDING PHOSPITOL OF OTHER THAT THE STORY After THAT THE STORY ATTENDING THE STORY ATT			tal) attended the deceased from	10/26 19	on depth occurred on the date and h	, 19, that (I) (we) last
OR he he he cached		226. SIGNATURE Dayla	Japaini, +	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		22d, PHYSICIAN'S NAME (TYPE O SUJETA	SAPSIRI	220. ADDRESS Luturan	Hespital of H	lary and
/40/ BP	(S	URIAL, CREMATION, REMOVAL PECIFY) Remova 1	236. DATE 236 N	AME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		NERAL DIRECTOR NAME I tomy Board	ADDRESS Balto.		N 2 0 1979 Pin	ETRAR'S SIGNATURE



DET DE 18 15 Marine





Hampstead. Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Eline Funeral Home

DHMH - 16 50M 7/77 (VR A 15 (4)) - STATE

STATE OF MARYLAND

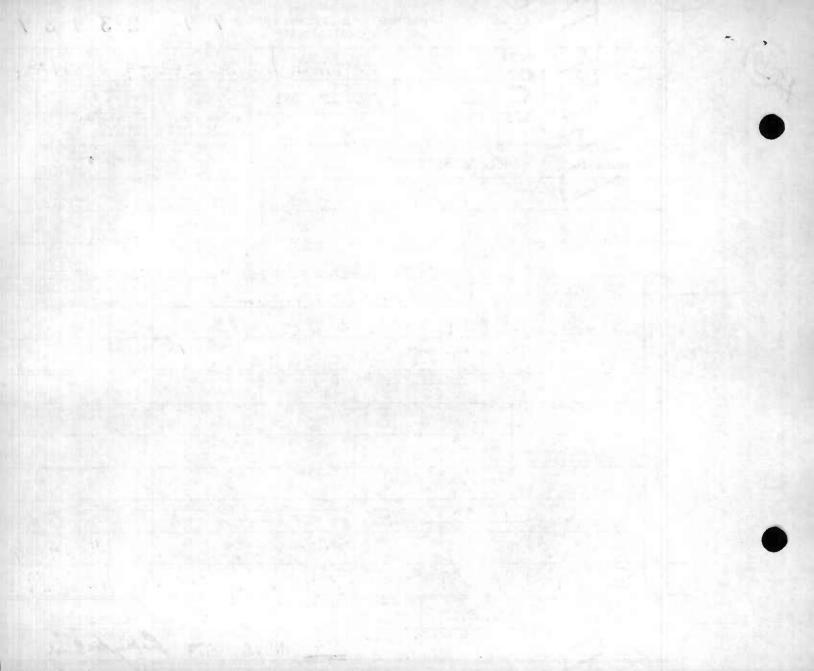
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

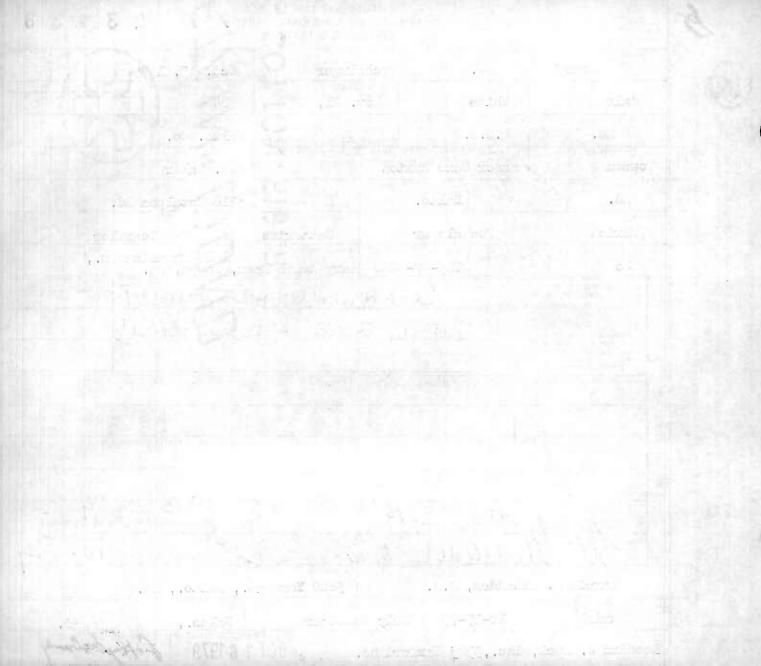
ISTRAR 256. REGISTRAR'S SIGNATURE

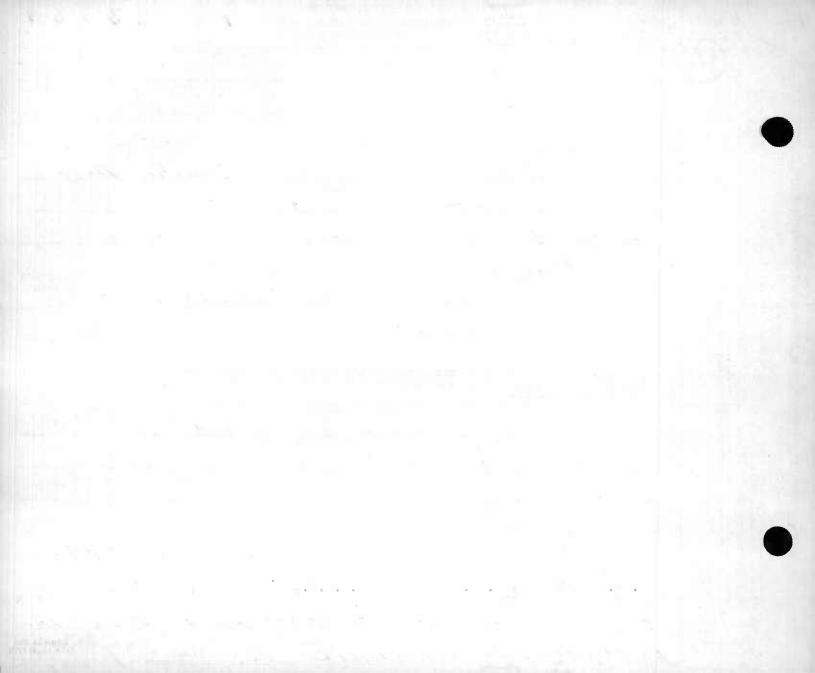
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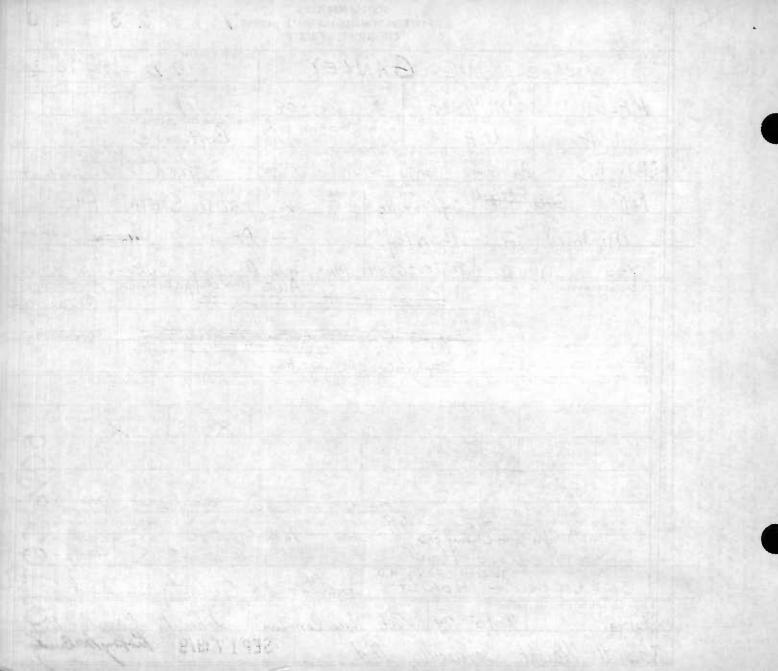
-	1.	STATE REGISTRAR		VEFARIA		ICATE OF DEATH	GIENE	REG. NO.	3 7	13/
Jeorth Jeorth	1 DE	CEASED NAME FIRST		MIDDLE	FX	FRUMAN	20 DATE OF 1	DEATH MONTH	DAY YEAR	26. HOUR 140 PM
Progr. 4 mil	3. SE	FEMALE	4 RACE WHIT	Е	5 DATE O	F BIRTH LY 15°, 189°1°	6 AGE (IN YEA	RS LAST BIRTHDAY) YRS.	MONTHS DAYS	AR IF UNDER 24 HRS
oth.		RTHPLACE ISTATE OR FOREIGN RUSSIA	USA	WHAT COUNTRY?	WIDOWI			CIMORE COUNT		MD
rrs ofter dec by the fune filed within	R	ANDALLSTOWN	RANDA	LISTOWN	ONVAI	ESCENT CENTE		CCUPATION OR MOST OF WORKING LE	FE) INDUSTR	OF BUSINESS OR
AND 21:	М	AL RESIDENCE (IF NURSING HOME OF LAB) COUNTY	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMO		13d Inside City Limits?	13e STREET AL			21215
, MARYL ompletely 1 and 2 s		ABRAHAM	MIDDLE	BUCKMAN		15. MOTHER'S MAIDEN NA FIRST FANNIE	AME	MIDDLE FF	RUMAN	LAST
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or system and completely filled in by spets. Pages 1 and 2 should be file, vol. t, the medical examiner must be	16a V	VAS DECEASED EVER IN U.S. AR (15, no or unknown) (15 yes, givi	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU 214-12-2		17 INFORMANT M 6124 STUART		RDPFRUMAN BALTO.,	MD 2	21209
TRESTON ST., the death certific the attending phremove carbonp emotion, or rema		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse (a), stoting the	DUE TO, OI	R AS A CONSEQUE	NCE O	n Aver	boli	v has	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The fow requires that the other dring physicion. After this certificate has been signed by the system of the burial-transit permit. Then please in the and Mental Hygiene prior to burial, crearing and Mental Hygiene prior to burial, crearing and mental Bishows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury.	TION	PART 2. OTHER SIGNIFICANT (EONDITIONS <u>CC</u>	Ontributing to D	EATH OUT		MINAL DISEASE (
ral REC The taw cion. ee hos be sit permi	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		NO YE	S 🔲	NO []
N OF VITA SSICIAN: TI mg physicic certificate uridi-transif vental Hygur item 18 sh	MEDICAL CE	? 10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	m. month da m.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	re of injury in Item 18, f	ART 1 OR PART 2)	V (1.54)
DIVISION DIVISION OF OFFERD OF	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		TITY OR TOWN	COUNTY	STATE
ATTEND nospital o recTOR: ed for use obt. of Heo		220. I certify that (I) (this hospi sow the deceased alive an above. (I) (we) (chall talid no 22b. SIGNATUR		10)	-	d that in (my) (our) opinion	deoth occurred	on the dote and hou	r and from the	
by the by the ERAL DIR Stote Del	<	THE BUTTS ICIAN'S PLANE WITH O	a reach .	T		Trending Physician)	MEDICAL DIRECTOR	STAFF PHYSICIAN	10-	29. 29
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott	220 5	84 10H8	17 4	(Ar		8811 Livo	endy lo	a), Koni	tallsho	m 2/133
2740 BP	(3	URIAL, CREMATION, REMOVAL PECIFY BURIAL INERAL DIRECTOR SOL LE	OCT.30	,1979 BE	TH JA			KSBURG (
DHMH - 16 60M 1/75 (VR A 15 (4))		6010 REISTERSTO		G BRUS., BALTO	MD	2/2/5 NOV	6 197		RARIS SIGNA	TURE

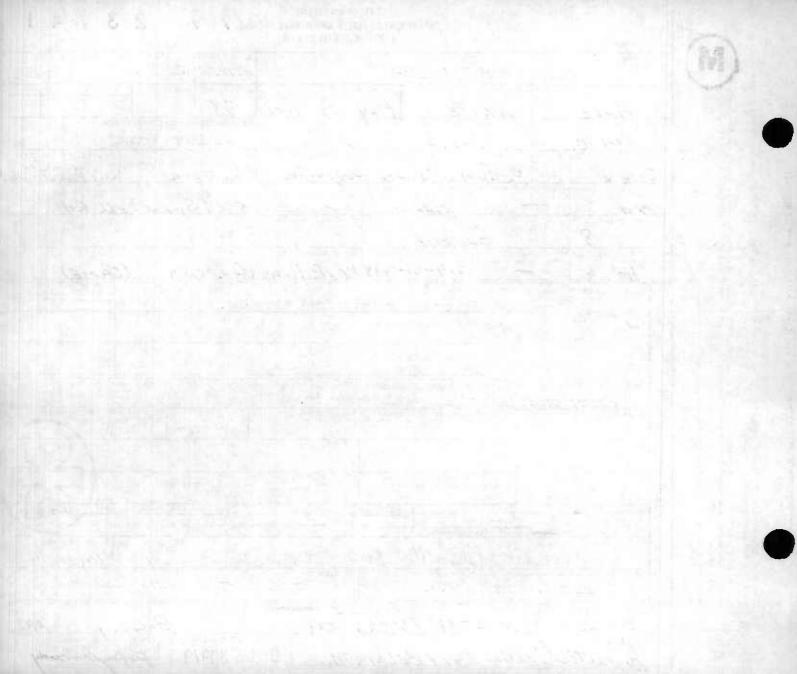


11	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	GIENE 7 9	2 3 9	3 8
		CEASED NAME FIRST	WIOOFE	LAST		20 DATE OF DEATH		R 2b HOUR
A		Joseph	F.	Fuchsl		Oct. 13,		
30	3. SE	Male	4 RACE White	5. DATE OF E	21°, 1894	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE MONTH'S DA	
an 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTY U.S.A.	MARRIED C	NEVER MARRIED DIVORCED	Balto. Co.	R COUNTY OF DEATH	1
notified .		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N AIF NOT IN SUCH FACILITY, GIVE Manor Care	URSING HOME OR C STREET ADDRESS) LUXTON	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE COLUMN TWO IN THE COLUMN TH	WORKING LIFE) INDUST	ID OF BUSINESS TRY
(must be		AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 134 CITY OF BALL CO	R TOWN 113	d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5218 Catal	pha Rd.	
John Market	14. F.	ATHER'S NAME ULrich	Fuchsluge	T	. MOTHER'S MAIDEN NA.	WE	Doerfler	LAST
Tuedicol 1	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		informant ary Agnes Es	1014 Emm ser. Joppa.	erick Dr.	Piers 1
please remave co		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS			EMOSCIE		Life
to bu	TION	PART 2 OTHER SIGNIFICAN		THIS HORE AT ION	VAC DEBEODINED		Tank IF VEC WERE FIN	
prior to bu	TIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
riol-tronsit permit. Then sentol. Hygiene prior to buttem 18 shows ony injury,	ICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	1c. HOW INJURY OCCUR	200 AUTOPSY?	IN CERTIFYING CAU	NDINGS USED ISES OF DEATH? NO
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ched for use as the burial-transit permit. Then, bept. of Health and Mental Hygiene prior to buttern 21 is morked or them 18 shows any injury,		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this had so we the deceased alive above. (If we) (did) (did) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH ER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	H DAY YEAR 19 DEFICE, FARM, ETC.) DEC.	It LOCATION STREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CAU YES YES YES YES YES YES YES YES	NDINGS USED ISES OF DEATH? NO [] STATE that [] (we) he couses stated
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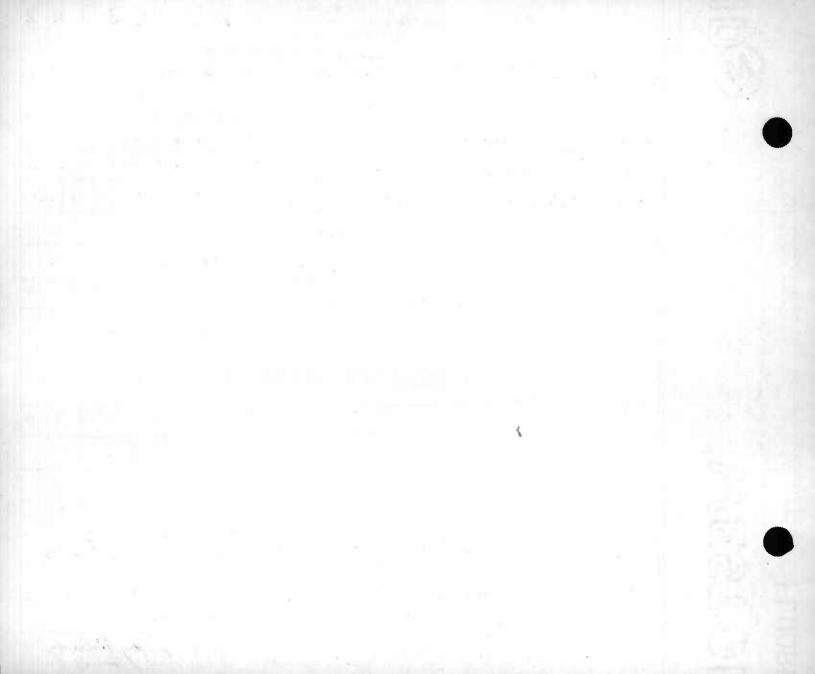
Leonard J. Ruck, Inc. Baltimore, Md.

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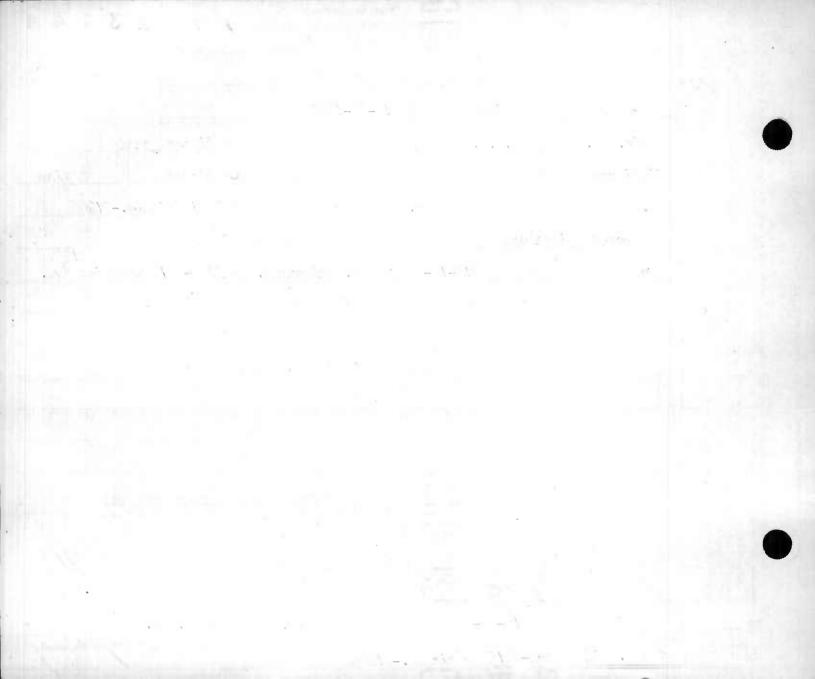
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

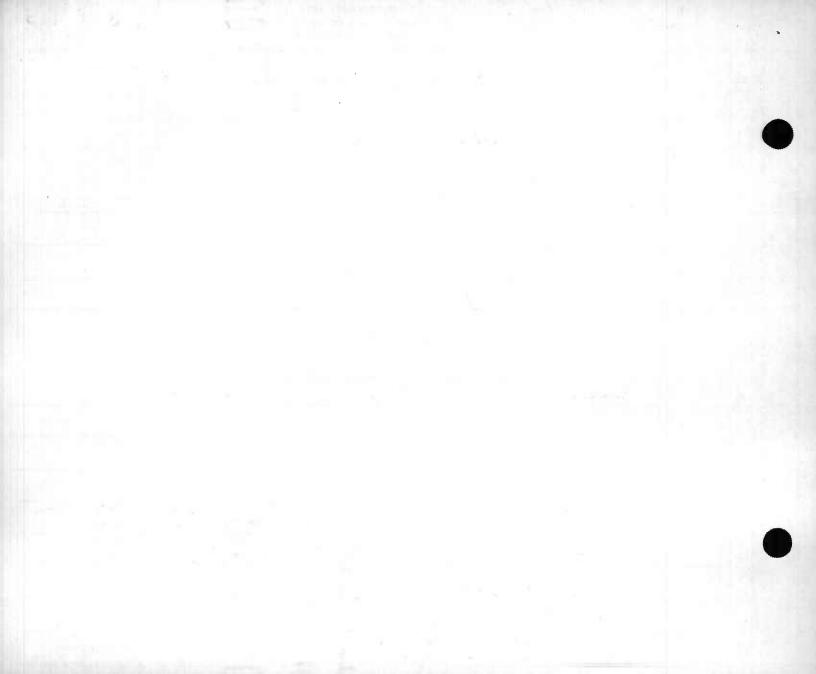
> 2b. HOUR 80 IF UNDER LYFAR IF UNDER 24 HRS MONTHS HOURS COUNTY 12b. KIND OF BUSINESS OR Police Office INBarto. City 1322 PREDOWNSing Circle Apt.T-2 Schueler APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOW 1977 -20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY 22c. DATE SIGNED mankton COUNTY Maryland



3/		1			STATE OF MARYLAND	7 0 0	7 1 1 7
7		1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 4 4 3
		I DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH D	AY YEAR 25 HOUR
£ 4			OR PRINT)	OFT OF FR			
ooge 3		3. SE	JOHN A.	GEISLER 14 RACE	S. DATE OF BIRTH		979 4:11A N
ofter					MONTH DAY YEAR	m - m	ONTHS DAYS HOURS MIN
SULC		_	Male RTHPLACE (STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY?	July 2, 1931	9. BALTIMORE CITY OR COUNTY	OFFICE
	-032		OUNTRY)		MARRIED MEVER MARRIED		
	8		aryland	USA	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore Cour	12b, KIND OF BUSINESS OR
	O Spiled			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
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-	5-21	13a.	STATE IS COU			13e. STREET ADDRESS	
(E		ryland	Baltimor	e YES NO [2614 Linwood Roa	ıđ
	80	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
{	3//	J	ohn A. Ge	eisler Sr.	Elizabeth	Amrhein	
	medico		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECU	DRITY NO. 17, INFORMANT	ADDRESS	
	Be		No -	212-26-1	213 Peggy M. Gei	sler 2614 Linwood	Rd. 21234
OVOL	素へ			only one cause per line for (a), (b), on			BETWEEN ONSET AND DEATH
owa	even		PART I, DEATH WAS CAUS	ATE CAUSE (o) Acute my	cardial infarctio	n	immediately
1	ofic		410-	DUE TO, OR AS A CONSEQUE			The second
Man,	ana	133	Conditions, if any, which	((b) arterios	clerotic heart dis	ease	1½ years
1	er fr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE			
, C	or ath		underlying couse lost.	(c)		The state of the s	
DULIC	٧. ٥		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART I(0)
0	<u>:</u>	o	None				
prior	io n	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
Hygiene	1	E	GENERAL DE			YES NO YES	
2	18 5	1 8	21a. ACCIDENT WAS UNDERLYING	LIGHT A LL MONTELL OF	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
	ar Hem	M	OR CONTRIBUTING CAUSE OF DE	CHI III	19		
	5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OR TOWN	COUNTY STATE
č	rked	Σ	WHILE NOT WHILE AT WORK	(ATTIOME, STREET, FACTORT, OFFICE, F	rann, E3G.)		JINIE
eoli	s mark		22a.1 certify that (1) (XXXXXX	of ottended the deceased from	July 19.78	present 1	9, that (I) X(X) lost
0	21:		sow the deceased alive or	ox offended the deceased from 1 n 1 y 25 n view if a body after death	19, and that in (my) (a) apinion	n death accurred on the date and hour	and from the couses stated
POL	Hem	-	THE SIGNATURE	, /	DEGREE		22c. DATE SIGNED
te D	# ::		150 1111	Mr m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Oct 22. 1979
ith the State	Z /	1	THE PHYSICIAN'S NAME (THE	OR PRENT)	22e ADDRESS		1000 220 101.
411	MPORTANT.	100	Barry J. Weck	eccar M D	301 St. Pau	1 Place Baltimore	Maryland
W.	¥-	23a.	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	73d LOCATION	
		100	SPECIFY)		ardens of Faith Ce	CITY OR TOWN	COUNTY STATE
-	7/77		rial UNERAL DIRECTOR		250. DA	TE REC'D, BY REGISTRAR 25b. REGIST	
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16		1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2 3 9	4 6
	೮ಕ ೧		CEASED NAME FIRST		AIDOLE		AST	20 DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
y be	9 6		Walter		E	Ge	ttier	10/14	179	230pm
ige 4 mo	M)	3. SE	Male	4 RACE	ITE	5. DATE (6. AGE (IN YEARS WAST BIRTH)	DAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS
Geoth. Po	un 72	B	atto. Co.	1.	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED	Baito. Qu		MD.
201	by the filled with		Towson	ST. J	HOSPITAL, NURSI HEACILITY, GIVE STREE		or other institution	USUAL OCCUPATION SERVICE MAN TO F	WORKING LIFE) 126 KIND C	F BUSINESS OR
AND 21:	hould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13% COU		GIVE RESIDENCE BEFO 13c. CITY OR TOV Balt	RE ADMISSION) VN V	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	1 dle six R	
MARYL ted withi	ond 2 s	14 F	THER'S NAME FIRST Thomas	~"Gettier	LAST		15 MOTHER'S MAIDEN NA/	a Wheat	LA	ST.
BALTIMORE,	Poges I	16a \	VAS DECEASED EVER IN U.S. AR YES (16 YES, GIV	RMED FORCES? E WAR OR GATES}	216 24	URITY NO. 1072	Elizabeth Ge	ttier, Wife	Same	
201 W. PRESTON ST.,	n signed by the ottending phy Then please remove carbonpo ir to burial, cremation, ar remov injury, ar ather troumatic event	NOI	Canditions, if ony, which gove rise to immediate couse 10', stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c)	RAS A CONSEQUENCE OF AS A CONSEQUENCE OF A	JENCE OF JENCE OF	OF LUNG METASTASI	WITH	4	MARIE INTERVAL ONSET AND DEATH WEEK MONTHS
AL RECORDS,	it permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The	or this certificate the burial-transi and Mental Hygin and Mental Hygical and a strength of the strength of th	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	ATH HOUR A.A	M, MONTH D	AY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
IVISIO		ME	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN spitel or	for us of He 21 is		220.1 certify that (this haspi sow the deceased alive an above, (1) (we) + (1d) (1d)		-/3 19	79 or	13 , 19 73 and that in (aur) apinion of	death occurred on the dot	, 19 97 , e and hour and fram the	that (we) lost causes stated
SPITAL OR ,	TO FUNERAL DIRECTORD Should be detoched with the Stote Dept.		226. IIGNATURE	alle Le	over, u	1)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	220. DATE 10-1	SIGNED 14-79
HOS HOS	should b	1	JORGE C. S	SECADE	1 - LOVI	O, MD	ST. JOSEP	H HOSPITA	_	
Ç € BP.	ods fin g	230 E	URIAL, CREMATION, REMOVAL	10/18	3/79 23c.	NAME OF C	EMETERY OR CREMATORY Hill Memorial	23d. LOCATION Curror town Gardens B	altimore Co	STATE ME
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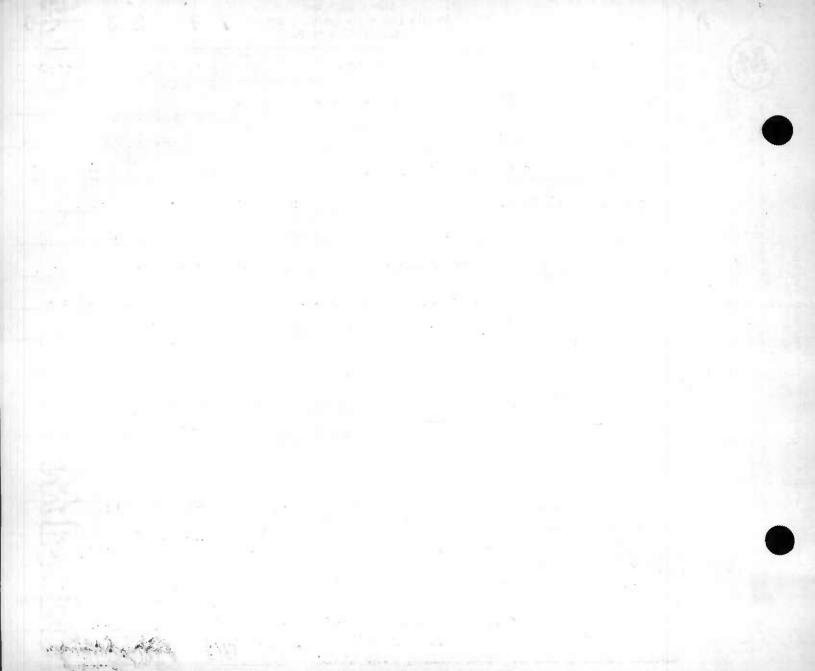
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	1.	FÖR - STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 7 9	2	3 9	47
e & £		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
1	_		ULAH	М.	GEYER		OCTOBER			11:50%
(IVI)	3 SE	FEMALE	4 RACE WHITE	5		OF BIRTH EMBER ^{AY} 6,1880	6. AGE (IN YEARS LAST BIF	7	IF UNDER I YEAR	HOURS MIN
72.72		IRTHPLACE (STATE OR FOREIGN OUNTRY) MISSOURI	76 CITIZEN OF		TDV2 8	ED NEVER MARRIED	9 BALTIMORE CITY			ME
of soften	10 C	LUTHERVILLE	(IF NOT IN SUC	CH FACILITY, GIVE S	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAK	OF WORKING LIFE		OF BUSINESS OR
filled in ould be to		AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION	13c CITY OR NEOSH		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	TERSON	ST.	
mpletely ond 2 sh	14 F,	LEROY MOORE	WIOOFE	LAST		15 MOTHER'S MAIDEN NA FIRST REBECCA	ME ALEXAN	DER	LA	SI
mond co		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL 492-42	=9167	MRS. REBECCA	HENDERSON		BRISTO	L RD.
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the this certificate has been signed by the attending physician and completely filled in both the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Only the Mental Hygiene prior to burial, cremation, or removal.	ATION	Conditions, if ony, which gove rise to immediate couse ol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, O		EQUENCE OF		NINAL DISEASE OR CON 200 AUTOPSY?	IDITION GIV	EN IN PART I	NGS USED
IAN: The la physicion. rificote hos left point per ol Hygierne m 18 shows:	CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YE		NO [
DING PHYSICIAN: or ottending phys Affer this certifical east the buriel-trought and Mental Hymorked or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P. PLACE	.M. OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
HOSPITAL OR ATTEND sined by the hospital or FUNERAL DIRECTOR: A sold be detached for use in the State Dept. of Heal or Manual It them 21 is manual to the state of the state o		220. I certify that (I) (this has saw the deceased alive a obove, (I) (WE) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE KEV IN	on view the body	Jun	om <u>Jel</u> 19 <mark>79</mark> , o	nd that in (my) (aux) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 1205 YORK RD	MEDICAL STA DIRECTOR ☐ PHYSI	(FF	19 29 r and from the	
of of she with the she	230	BURIAL, CREMATION, REMOVA	L 23b. DATE		23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		RIAL-TRANSIT	10/13	/79	Odd Fe	11ows	Neosho	Ne	wton	Mo.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR LTCHELL-WIEDEFE	LD HOME	INC.	6500 Y BALTO	ORK RD. 21212	CT 1 5 1979	25b. REGE	RAR'S SIGNA	Brody

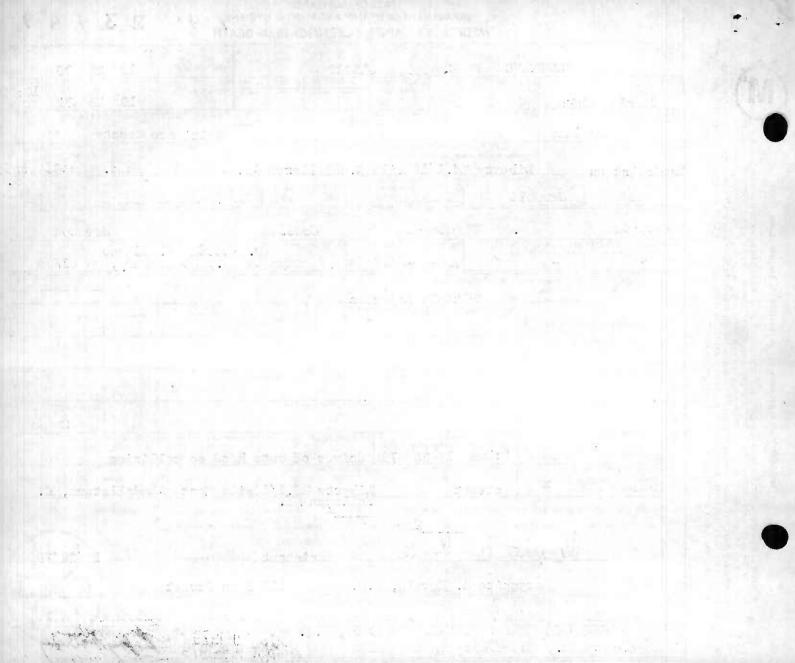
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en and and the			
	. I VORTERNA		
.om Levina deser			

Witzke FuneralHome of Catonsville, P.A. 21228

DIVISION OF VITAL RECORDS, 201



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) CONSTANCE DEATH MATED Cecilia 10 GLASCO 28 1979 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 10:00 LAST BIRTHDAY) PRONOUNCED 1946 33 DEAD 10 28 1979 female white Ta. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY Maryland USA DIVORCED Baltimore County WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Liberty Rd. 1/10 mile E. of Fallstun Rd. Employee of Balt. Gas &Electric Randallstown RSING HOME OR OTHER INSTITUTIO 130. STATE 136. COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS Carroll Eldersburg 407 Ronsdale Road NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE W. MIDDLE William Glasco Cecilia Kerxton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT William W. Glasco T. PAGES 1 YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 218-44-7319 407 Ronsdale Rd., Eldersburg, MD 21784 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditians, if any, which gave rise to immediate CAL E. A BURIAL-TR. A BURIAL-TR. OR REN cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIA OF HEALTH AND A AL, CREMATION, OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X NO [] 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL 8:20 K 10-28 1979 driver of auto head on collision PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 711 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK street Liberty Rd. 1/10mile East RAndallstown, Md. Fallsrun Rd. 220. I certify that I taak charge of the remains described above, held an and in my apinian Autapsy Inspection Hamicide L death resulted fram: Natural causes Accident Suicide Undetermined manner EXECUTE THE CERTIF
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH
BALTMORE, MARYER TITLE (SPECIFY) DATE SIGNED 10/28/79 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS, 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Westview STATE Westview Crematory 10/29/79 Baltimore CREMATION MD 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P. A. 350. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** 8728 Liberty Rd., Randallstown, MD (VR A15 ME (5)) 30M 7/73



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours at with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other troumatic event, the medical examiner must be natified at ance.
DIVISION OF	TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certif should be detached for use as the burial-twith the State Dept of Health and Mental	IMPORTANT: If Item 21 is morked or Item

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	E 19	9 REG. N	۷٥.	2
EASED NAME	FIRST	MIDDLE	LAST 20	DATEO	FDEATH	MONTH	D

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	HTGIEN	REG. NO	6	3 7	3 0		
		CEASED NAME FIRST		MIDDLE	t	AST	20		MONTH DAY	Y YEAR	2b. HOUR		
		OR PRINT) Stanley			Gode1	,			10 29	79	10:20 PM		
i	3. SE)	Male	RACE W	hite	S. DATE C			AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.		
40	7a. 81		CITIZEN OF	WHAT COUNTRY?	8	C NEWS WARE	9.1	BALTIMORE CITY O		FDEATH			
7	CC	Lithuania	US	Α	WIDOWE	DINEVER MARRIED		Baltimore County					
0	C	atonsville	HOSPITAL, NURSIN H FACILITY, GIVE STREET Sisters	G HOME C ADDRESS) of th	R OTHER INSTITUTION	v 120	126. USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUSTRY Tailor Dry Clear						
5	13a S Ma	AL RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT aryland Balt	Y	13t. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMIT YES NO	5	STREET ADDRESS	Avenu	e			
C		Vincent	DDLE	Godelesk		15. MOTHER'S MAIDEN FIRST Nastas:		WIDDLE	V-	Manst	uilas		
		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V NO		213-05-		Sr. Maure	een	601 Maide			MATE INTERVAL		
STREET, STREET	ION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	(c) 6	RAS A CONSEQUE So later o	A B114	MOT RELATED TO THE	. ac	doanend	Sem, Co	IN PART 1(c	21		
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO			OF DEATH?		
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.: P.;	M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE		
		220.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE	10.21	9. 197.	9 . , on	d that in (my) (our) opi	inion deol	, to <u>eQ. Q.</u> th occurred on the da	te and hour a	ind from the			
		Lerue	eas (meses	20		NG AN	MEDICAL STAF	F IAN 🗌	22c. DATE	0 42		
		22d. PHYSICIAN'S NAME (TYPE OR I		25		120 ADDRESS	ider	· Cherice	La. h	300to	md 21229		
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION	cc	OUNTY	STATE .		
	,	Burial	11-01	L-79	Loude	on Park	1550	Baltimore	City.	Mary	yland		
		INERAL DIRECTOR		ADDRESS			DATE RE	C'D. BY REGISTRAR	Sb. REGISTRA	R'S SIGNAT	URE		
	Hu	ibbard Funeral H	ome, Ir	nc., 4107	Wilke	ens Ave.	061	3 19/9	britch	7/2130	ready		

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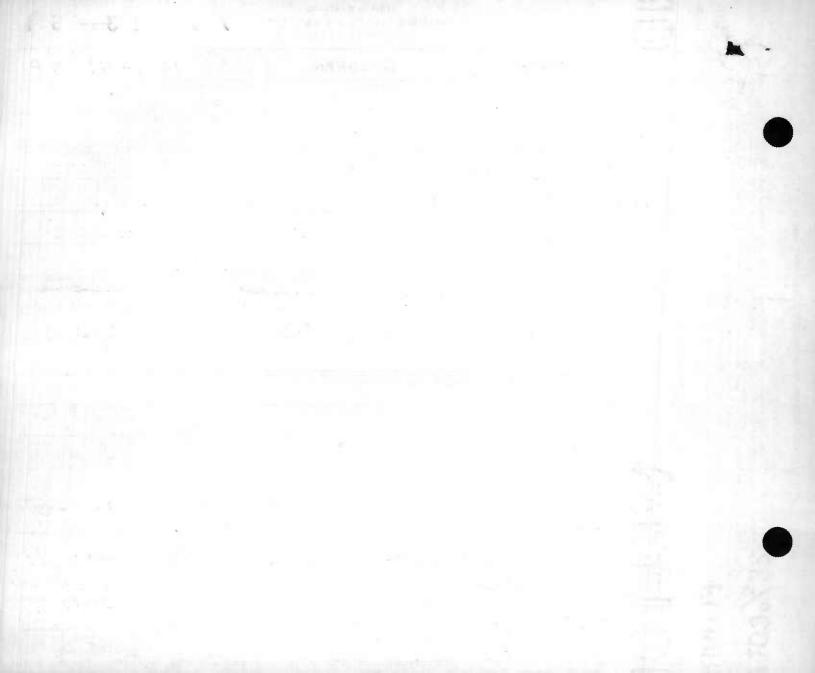
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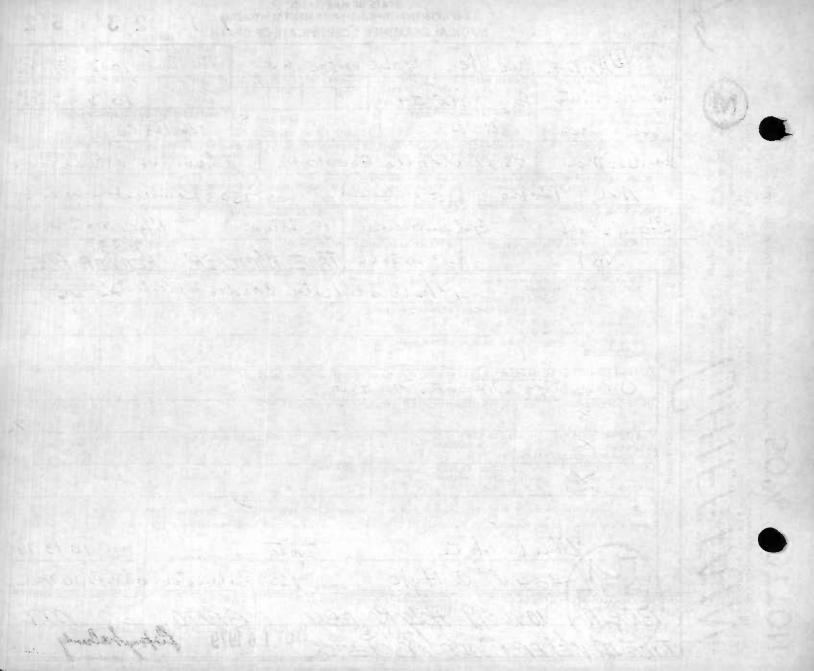
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BALTO., MD

6010 REISTERSTOWN RD



		DEPARTMENT OF HEALTH AND MENTAL	
	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE	OF DEATH REG. NO.
1. DE	CEASED NAME FIRST	/ /// MIDDLE LAST	20. DATE KNOWN MONTH DAY YEAR 26. HOL
	WAMDA	pucille. Golembiesko	DEATH MATED 10/8 19 4 42
3. SE	en ale White	5. DATE OF BIRTH MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS 4 YRS.	ER 24 HRS. 21. DATE MONTH DAY YEAR 21. HOU MIN. PRONOUNCED DEAD 10 13 1974 925
70 B	SIRTHPLACE (STATE OR PREIGN COUNTRY)	78. CITE OF WHAT COUNTRY? 8 MARRIED NEVER MAI WIDOWED DIVO	PRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
10.0	LITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 115 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 175 23 Ken Cell Doc 1236	120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME STATE MAL 136 COO	OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS	13e. STREET ADDRESS
14. F	ATHER'S NAME FIRST FUENT'S CAUS	MIDDLE Golombierki 115. MOTHER'S MAI	DEN NAME MIDDLE /
16a.	WAS DECEASED EVER IN U.S. AI	WARD FORCES? WAR OR DATES) 168. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT	WINTHER KERNER AUF
	PART I DEATH WAS CAUSI	I I RUMIA RIVE LEVI ALLE	Parclei Varule De BETWEEN ONSET AND DEATH
	4292 IMMEDIA	TE CAUSE (o)	75.
	Conditions, if ony, which		
	gove rise to immediat		
	gove rise to immediate couse (a) stating the under lying couse last.	(b)	
	couse (o) stating the <u>under</u> lying couse last.	(b) DUE TO, OR AS A CONSEQUENCE OF (c)	PART I (o).
rion	PART 2 OTHER SIGNIFICANT CONDITION	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN	PART 1 (a).
HCATION	couse (o) stating the <u>under</u> lying couse last.	(b) DUE TO, OR AS A CONSEQUENCE OF (c)	20. AUTOPSY?
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY 121c. HOW INJURY OCCUR	
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION	(b) DUE TO, OR AS A CONSEQUENCE OF (c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	20. AUTOPSY? YES □ NO 🎾
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH 'DAY, YEAR 21c. HOW INJURY OCCUR	20. AUTOPSY? YES □ NO 🎾
	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e. PLACE OF INJURY (AT MOME, 21f. LOCATION	20. AUTOPSY? YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
	couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that I took char	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCUR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET) STREET, FACTORY, FARM, ETC.) 21d. LOCATION STREET, FACTORY, FARM, ETC.) 19b. CONDITION GIVEN IN 19c. PLACE OF INJURY (AT HOME, STREET) 19c. Of the remains described obove, held on Autopsy , Inspect	20. AUTOPSY? YES NO
	couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that I took char	(b) DUE TO, OR AS A CONSEQUENCE OF (c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21c. HOW INJURY OCCUR 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.)	20. AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE Tion Inquiry , ond in my opinion Undetermined monner ,
	couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT (ONOITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 220. I certify that I took char death resulted from Note ACTUAL	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCUR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET) STREET, FACTORY, FARM, ETC.) 21d. LOCATION STREET, FACTORY, FARM, ETC.) 19b. CONDITION GIVEN IN 19c. PLACE OF INJURY (AT HOME, STREET) 19c. Of the remains described obove, held on Autopsy , Inspect	20. AUTOPSY? YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE Tion Inquiry , ond in my opinion Undetermined monner ,
MEDICAL	couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION	DEATH DIE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH 'DAY. YEAR DEATH P.M. 19 21c. HOW INJURY OCCUR STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET Ge of the remains described above, held on Autopsy Inspect prol couses Accident Suicide M.D. TITLE (SPECIFY) M.D. TITLE (SPECIFY)	28. AUTOPSY? YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE Tion Inquiry , ond in my opinion Undetermined monner , DATE 10.13.79



1 / 1	-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	REG. N	2373
1/		CEASED NAME FIRST	WIDDIE	Ł	AST		MONTH DAY YEAR 26
	() Tree		nd George (Gamaal	both Sr	0.4.3	46 4000
	3. SEX		4 RACE	5. DATE C	F BIRTH	6 AGE IN YEARS LAST BIR	THOAY) WUNDER I YEAR IF
910		Male	White	Jun	5, °1897 YEAR	82	YRS.
an.	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED		OR COUNTY OF DEATH
55	Ma	ryland	U.S.A.	WIDOWE		Baltimor	e County
90	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPAT	
10	Ga	rrison	(IF NOT IN SUCH FACILITY, GIVE STREET Garrison Valley		er	Conductor	
5	USUA	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)			
55		ryland is coun	Baltimor	e	YES TO NO T	13 28 ADRESS	Ave.
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1	16n V	AS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDR	
1		es, no or unknown) (IF YES, GIVI	E WAR OR DATES) 717-07-8	360	Martha Gorse	hho+h 2830	Take Ave
57			the body		mar dia Gorse	TIDO GIT 20 J9	APPROXIMA BETWEEN ONS
			nly one couse per line for (o), (b), one D BY.	to Hor	art Failure		BETWEEN ONS
		IMMEDIA"	E CAUSE (0) COTTE S CI	AG IIG	er c tarrare		
e e		1537	DUE TO, OR AS A CONSEQUE	ENCE OF			
101		Conditions, if ony, which gove rise to immediate	(b) C. V. A.				
		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		0-7		
·			(c) Cancer o				
<u>`</u>	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	IDITION GIVEN IN PART 10
2	0						
olui Au	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS
nlui kuo smi	IFICATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	I OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF
Swort -	ERTIFICATIO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO	IN CERTIFYING CAUSES OF
Y Poms	AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE-	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF
4		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA		21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF
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4		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19	21c HOW INJURY OCCUR 211 LOCATION STREET	YES NO CRED (ENTER NATURE OF INJU	IN CERTIFYING CAUSES OF YES INTY IN ITEM 18, PART 1 OR PART 2) WN COUNTY
Swows /		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi	21b. TIME OF INJURY HOUR A.M. MONTH D, P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET , 19	YES NO CRED (ENTER NATURE OF INJU	IN CERTIFYING CAUSES OF YES
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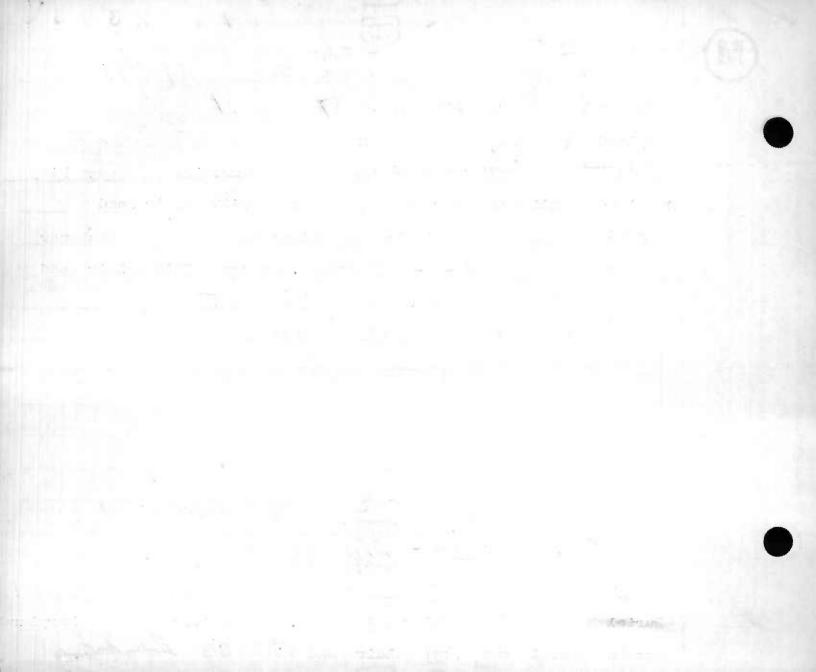
Belair Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Lassahn Funeral Home



Manta .L Spiner

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DE. ECHARD P. GESTLOY

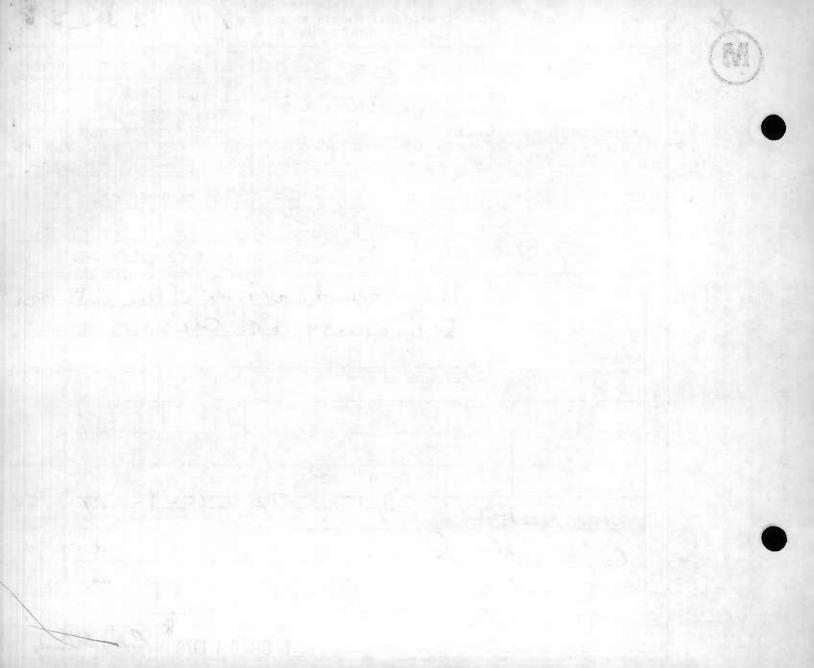
24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc. Dundalk, Md.

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



MARY = 5:005 SALTO. COLUTY TOWSON COMC-6701 N. CHARLES ST. Tanga in the transfer in the and her in an off the area 10-2-79 - 6701 W. CHARLES ST.

		1.	Item 18 FOR - STATE REGISTRAR	G537 11/		RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 7	9	2 3	9 5 9
be be			CEASED NAME FIRS	ABY	BOY		GROSS	2a. DATE C			2b HOUR 8:20 A
Poge 4 may directes, pag may after de	W	1 SE	М	4 RACE		5. DATE O			YEARS LAST BIRT		YEAR IF UNDER 24 H DAYS HOURS MI 2 15
deoth. Po	35	C	RTHPLACE STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED			County OF DEA	тн
ofter a	54		Towson	Greater	CHEACILITY, GIVE STR	ore Med	or other institution	(TYPE OF WO	OCCUPATION OF OR	ON 12b. KI F WORKING LIFE) INDU:	ND OF BUSINESS (
1 24 hour	35	13a	AL RESIDENCE (IF NURSING HE STATE BY BE	ene or other institution county altimore	13t. CITY OR TO Balti	NWC	13d. INSIDE CITY LIMIT		ADDRESS Vene	tian Rd	21207
red within	Communication of the Communica	14. F/	ATHER'S NAME FIRST N/A	MIDDLE	LAST		15. MOTHER'S MAIDER FIRST Rosly		MIDDLE	Veney	LAST
cote be executed within 24 hours ysicion and completely filled in the opers. Pages 1 and 2 should the fill wal.	medicol		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRE		
ow requires that the death certificate signed by the attending ptrent. Then please remove corbang prior to burial, cremation, or remo	ny injury, or other troumatic	ATION	Canditians, if any, white gove rise to immedia cause iai, stating it underlying couse last PART 2 OTHER SIGNIFICATION.	th te ne DUE TO, CO (c) ANT CONDITIONS C		QUENCE OF	NOT RELATED TO THE	TERMINAL DISEA:		DITION GIVEN IN PA	
The low cion. The hos be sit permi	shows o	CERTIFICATION						YES 🔀	NO	IN CERTIFYING CA	USES OF DEATH?
PHYSICIAN: ending phys this certifico he buriol-trar nd Mentol Hy	or Item 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFTHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK AT WORK	MINER) HOUR A	M. MONTH M. OF INJURY REET, FACTORY, OFFICE	19	21t. HOW INJURY OC	CCURRED (ENTER N	CITY OR TOW		
ATTENDI sspital or scTOR: A for use	em 21 is morked		22a. I certify that (I) (this saw the deceased aliabave, (I) (we) (did) (d	hospital) ottended the	19	79 . ar	od that in (my) (aur) ap		10/18 ed an the da		, that (I) (we) I in the causes stated DATE SIGNED
PITAL O by the ERAL D ie detec	ANT. If the		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	n		ATTENDIN PHYSICIA 22e. ADDRESS		STAF PHYSIC		/19/79
TO HOSPIT retained by TO FUNER should be o	MPORTANT		Ronald L. S	Sirota, M.			6701 N. C			to. Md. 2	1204
BP			BURIAL, CREMATION, REMO SPECIFY) OVAL to GBMC		8/79	C. NAME OF C	EMETERY OR CREMATO	ORY 23d. LOC	ATION OR TOWN	Balto	STATE Md
DHMH - 16 50M 1/7-	6		UNERAL DIRECTOR NAME	Am	ADDRESS		BMC 0°	CALES ESO.	EGISTRAR	here sony 1884	

Juneal in Street, 1. b. find C. Coreles St. Islan. W. 212c+

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG		EG. NO.	2	3 9	6	0
		CEASED NAME OR PRINT)	FIRST		WIOOFE	L.	AST	SAF	20 DATE OF DEA	ATH MO	NTH DA	Y YEAR	2b. HO	UR
ofter death		ADELI	3	G			GRUPP		OCTOBE	R 2	3.19	79	1:0	MAOC
r, po	3. SEX	(4	RACE		5. DATE O		YEAR	6. AGE (IN YEARS L	AST BIRTHO		NTHS DAYS		R 24 HRS
2 2	Fe	male	100	White		3	11	18	61		YRS.	ONTHS DATS	HOURS	Mirs.
72 hou		RTHPLACE (STATE OR FORE	IGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER N	ARRIED	9. BALTIMORE	CITY OR	COUNTY	OF DEATH		
5 8	Maryland			USA		WIDOWE	D DN	ORCED	BALTIMORE COUNTY				MD.	
58		OWSON	+ 1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY GIVE STREET IT JOSEP	ADDRESS)			12a. USUAL OCC (TYPE OF WORK FOR Housew	MOST OF W				1
50	13a S		B. COUNT		GIVE RESIDENCE BEFORE	N	13d. INSIDE CI	TY LIMITS?	13e STREET ADD 4729 M	RESS	Deri		1110225	
		THER'S NAME				~	15 MOTHER'S	MAIDEN NA	ME		2 2 12 2			
\$130		Joseph	M	DOLE	Goldste	in	-	osetta		DOLE		-	1bev	r
edicol		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU		17 INFORMAL			ADDRESS		10	LUCY	
E	(Y	No		VAR OR DATES)	218-05-		Raymo	nd C.	Grupp	472	29 Me	eise		
emaval.		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only	one couse per BY:	Hepatic		halanat	her				BETWEEN	XIMATE INTE	DDEATH
r ta burial, cremotian, ar r injury, ar ather traumotic	NO	Conditions, if any, or gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNIF	diate the last	(c)	Cirrhosi R AS A CONSEOUR DOUTRIBUTING TO	ENCE OF			INAL DISEASE OR	CONDIT	ION GIVE	N IN PART 1	(a)	
prio	CERTIFICATION	190 DATE OF OPERATIO	N	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY			WERE FIND		
18 shaws	TIE			A THE		nta			YES NO		YES		NO	
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	ISE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE	OF INJURY II	N ITEM 18, PAS	RT 1 OR PART 2)		
markedar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATIO STREET	N	CITY	ORTOWN		COUNTY	ć	STATE
21 is		220 I certify that (1) saw the deceased obave, (1) (we) (did	his haspita aliye on	Uctobe	r 23 19 /			., 19 <u>/9</u> (aur) opinion	, ta_Octo death accurred on			9	that the	
tote Dept.		obove. (((we) (did) (AlXA) view the body after death.					F		MEDICAL DIRECTOR F	STAFF PHYSICIA	N X I		E SIGNED	
with the State		22d PHYSICIAN S NAM Henry		Crist,	M.D.		7620		oad, Tow	son,	MD 2	1204		
	(5	urial, cremation, re Burial	MOVAL	23b. DATE 10/26			Vall	ey Mer	23d LOCATIO CITY OR TOV Dulan	ey V	alle		lto.	Md.
M 7/77	24. FU	INERAL DIRECTOR	74	7401	BEADDRESS)	RI		25a. DATI	REC'D. BY REGIS			AR'S SIGNA		4

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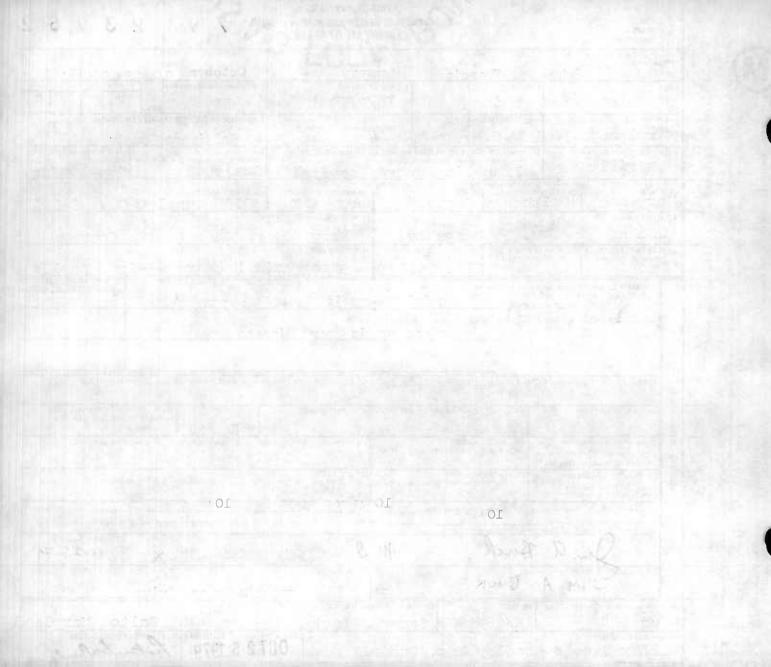
(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO



FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH 26. HOUR OCTOBER 11.1979 3: 00P .M 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CO.. 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY WARD (TYPE OF WORK FOR MOST OF WORKING LIFE) BAKING CO 7264 BRIDGEWOOD DRIVE. HERDTFELDER 7264 BRIDGEWOOD DRIVE. BALTO., 21224.MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED

250. DATE RE

6224 EASTERN

IN CERTIFYING CAUSES OF DEATH?

COUNTY

COUNTY

22c. DATE SIGNED

FULLERTON MD

NO [

STATE

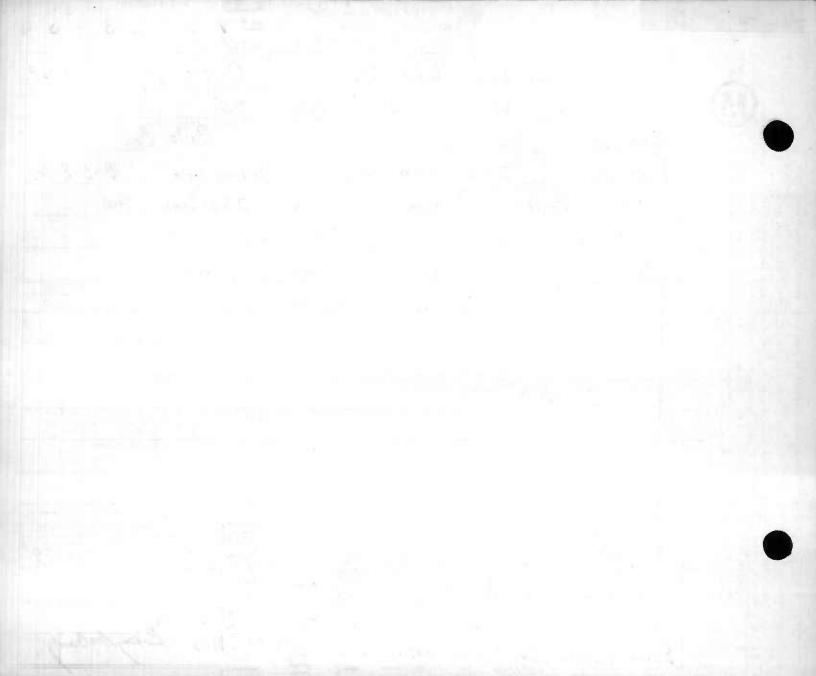
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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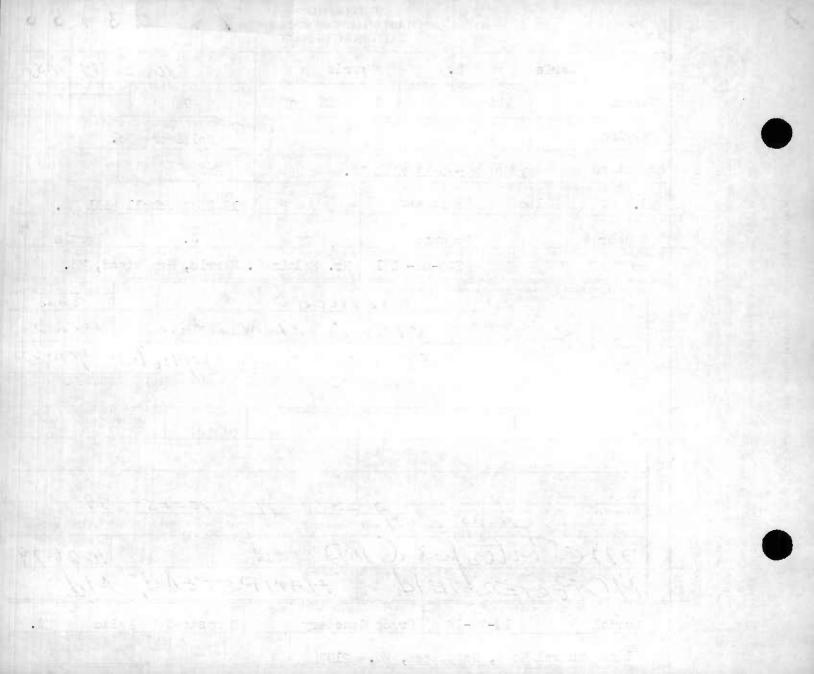


SLACK Funeral Home Ellicott City, Maryland 21043

(VR A 15 (4))

HERE AND THE PARTY OF THE PARTY EL PIETO TOLON TOLON TOLON AND DESCRIPTION OF THE PERSON The state of the s

	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LITH AND MENTAL H' ATE OF DEATH	YGIENE 7 9 REG. NO.	2 3	9 6 6
a (A)		CEASED NAME FIRST OR PRINT) Mari	6	E.	Har	ris	20 DATE OF DEATH MO		79 11:15 N
ge 4 mo	3. SE.	emale	4 RACE White	3	S. DATE OF	BIRTH 28 OÏ ^{EAR}	6 AGE (IN YEARS LAST BIRTHD	MONTHS YRS.	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
deoth. Page uneral direc nin 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED [9 BALTIMORE CITY OR Baltimo	COUNTY OF DE	ATH
by the full filed with		TY OR TOWN OF DEATH mpstead	(IE NOT IN SU	CH FACILITY, GIVE STREET	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HWI	VORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
24 hou filled in ould be	*13a. S	AL RESIDENCE (IF NURSING HOI ITATE 13b. C BE	NE OR OTHER INSTITUTION OUNTY	Hampstead	N 11	BE INSIDE CITY LIMITS?	130 STREET ADDRESS 17825 Mars	shall Mi	ll Rd.
mpletely and 2 sh	14 FA	THER'S NAME FIRST George	WIDDLE	McComa.s	1.	Mary			Martin
n and ca Pages 1	16a V	VAS DECEASED EVER IN U.S (1) (1) YES	. ARMED FORCES? . GIVE WAR OR DATES)	220-01-5		Mr. Melvin	G. Harris, Ha		, Md.
restricte brug physiciar romoval.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	er only one couse pe JUSED BY: DIATE CAUSE (0)	r line for (0), (b), on	res	nia)		BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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signed Then plec ta burial	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT N		RMINAL DISEASE OR CONDI		ART 1(o
icron. Te hos been nsit permit. rgiene prior shows ony	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED			FINDINGS USED CAUSES OF DEATH?
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or offending Affer this cer is as the burio offh and Ment marked or Iter	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	11 LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
haspital or off RECTOR: After ned for use as th spt. of Heolth o lem 21 is marke		220. I certify that (I) (this h sow the deceased ally above, (I) (we) (did) (di			-CI	that in (my) (our) apinio	1 , to 10 - 2 on death occurred on the date	ond hour and fr	, that (I) (we) lost om the couses stated
che che		22b. SIGNATURE	Partes	file	C po	GREE ATTENDING PHYSICIAN	MEDICAL STAFF	/	0-26-79
retoined by the TO FUNERAL (Should be detoined with the State [MPORTANT: If		22d. PHYSICIAN'S NAME (T	YPE OR PRINT)	DIE 10		2e. ADDRESS	PSTEA	d. 1	11
Bb T Short	23a. E	SURIAL, CREMATION, REMO SPECIFY) Burial	VAL 236. DATE 10-28		NAME OF CEA	METERY OR CREMATOR	23d. LOCATION CITYOR TOWN Hampstead	COUNTY	
MH - 16 50M 1/76 (VR A 15 (4))	24 FU	INERAL DIRECTOR RAME ELine Funera	l Home, H	ADDRESS			T 3 0 1979		GIGNATURE .



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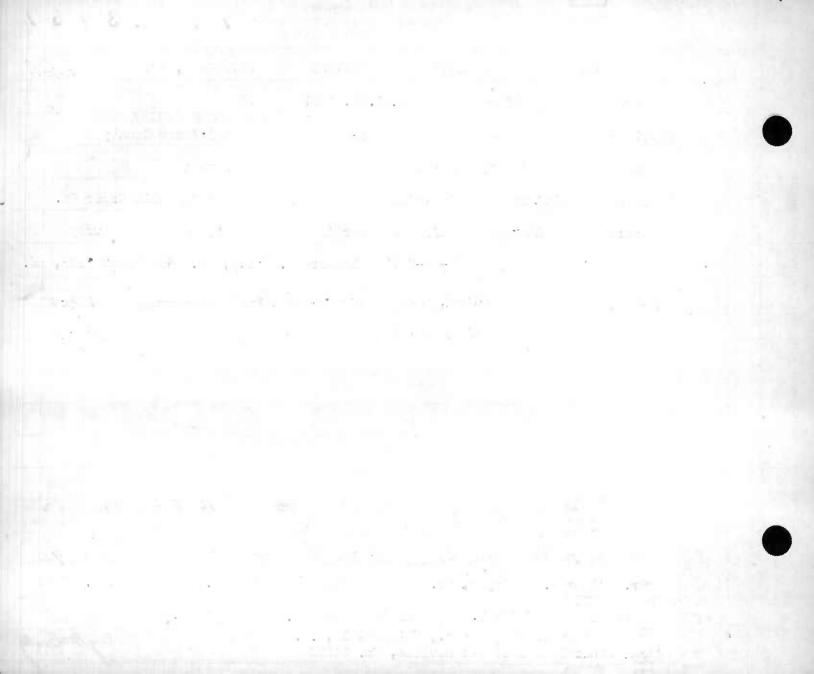
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DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 7e. DATE OF DEATH MONTH 2b. HOUR OCTOBER 8, 1979 . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH Beltimore County 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 13. SIREET ADDRESS Belle Grove Rd. CUTTY Leonard B. Parks, Jr. 4100 Black Rock. Rd. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (a) apinion death occurred on the date and hour and from the causes stated 27c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 6209 Frederick Rd., Baltimore, Md. 21228 Maryland Baltimore. BY REGISTRARISH REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1630 Edmondson Avenue Catonsville, P. Also DATE REC'S Witzke Funeral Home of Catonsville, Mds 21228



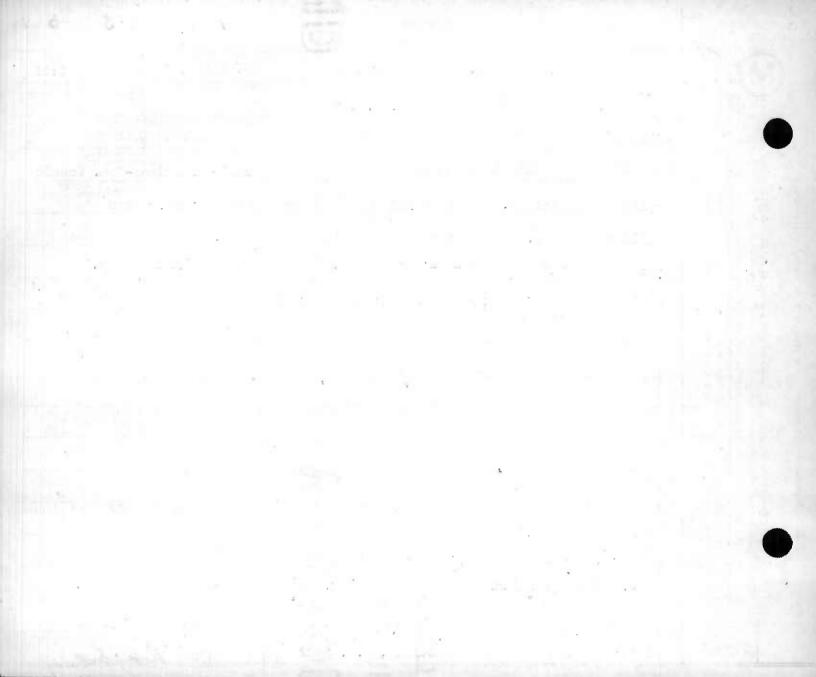
-		FOR STATE		DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 7 9	2 3	9 6	8
	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	HI II	755
ď		CEASED NAME FIRST		WIOOFE	Į.	AST	20. DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR	
1	(1112	ANDR	EW	7.	HAL	UTHORN		10-1- 10	9 93	5 M
	3. SEX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR			4 HRS
		Male	White		Sept.		61	YRS.		MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
		Pennsylvania	USA		WIDOWE			re County		MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	PATION OST OF WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY		
4		andallstown				eneral Hos.	Chemical E		stinghou	Jse
-	13a. S		VTY	13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
			nsville	Baltim	ore	YES NO 🔀	1309 Gate	efield Roa	d	
I	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	WE	1	LAST	
		Samuel		Hawth		Marian			nelly	
ì		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	ESS	21228	3
	y	es ww 2	2	181-09-	6464	Eleanor Hawt	horn, 1309	Gatefield	Rd.	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA)	nly one couse per ED BY: TE CAUSE (a)	line for io) (b), on	e K	ujeloma 1	with.	BET	PPROXIMATE INTERV	EATH.
-		2030		R AS A-CONSEOU	FNCE OF	O meta	stasis	8	accis	,
		Conditions, if ony, which	((b)_	Pne	uni	ma		1	reentl	,5.
		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF					
		underlying cause lost	(c)							
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a)	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED	
	FF						YES NOT	IN CERTIFYING CA	AUSES OF DEATH	1?
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C		13103	21c. HOW INJURY OCCURR				
		OR CONTRIBUTING CAUSE OF DEA	4111	M. MONTH D M.	AY YEAR					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OF TO	wn count	VV 0.00	
	×	AT WORK AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC.)	SIRECT	CITY OR TO	WN COUNT	TY STA	ile.
	13	220.1 certify that (I) (this hospi		e_deceosed from_	9-	20- 19 17 4	1, to 10-	1 - 19 17	7., that (I). (w.	e) last
		sow the deceased alive on above, (I) (we) (did) (did no	t) view the body	ofter depth	190	nd that in (my) (our) opinion o	death accurred on the d	ate and hour and from	m the couses stat	ted
		226. SIGNATURE		one deam.	00/10/2	DEGREE		226.	DATE SIGNED	
	72	Soonch	al- 7	tong		ATTENDING PHYSICIAN	MEDICAL STA		ラーク	19
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1 0		22e. ADDRESS			210	-
		SOON CHIL	2	HONG		Baltimor	o County	Sene 20	& Hosp	0,44
	23a. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAT	Æ
ı		Burial	10/5/			w Cemetery		, Carroll	, Maryla	and
	24. FU	INERAL DIRECTOR 1630 E	dmondso	n Ave	Catons	ville, Md Naprie	REC'D BY REGISTRAR	256 GISTRAR'S	GN TURE	
	W	itzke Funeral H	lome of	Catonsvi.	lle, F	.A. 21228	0 13/3	A STATE OF THE PARTY OF THE PAR		T D

DHMH - 16 50M 7/77 (VR A 15 (4))

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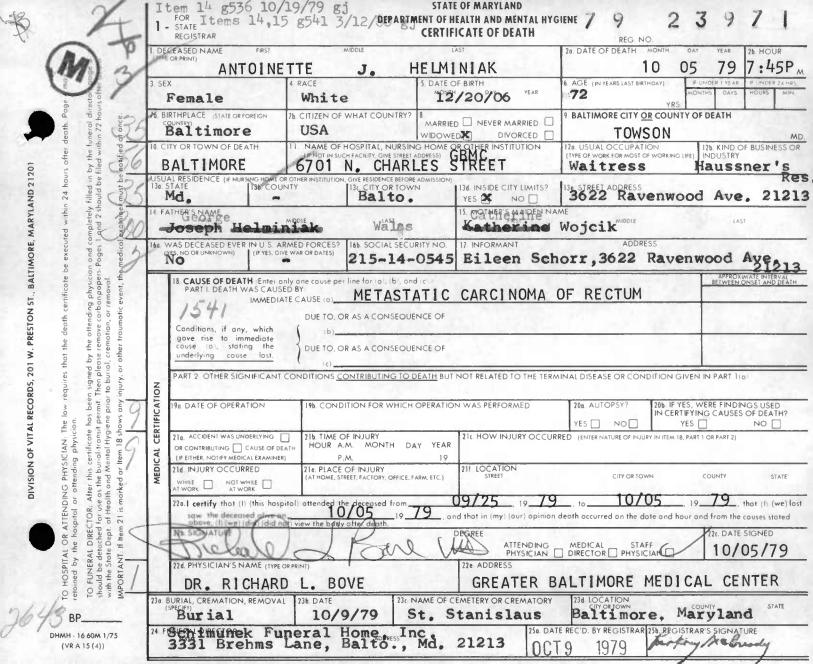
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STATE OF MARYLAND



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mo,		3 SEX	(4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
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在 图 第二	92/		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY	2 8 MARRIE	NEVER	MARRIED	9 BALTIMORE CI	TY <u>OR</u> COU	NTY OF DEATH	1. FATA
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uted w	all		Louis	P	J.	DeA11	oa	Ma	atilda	MIQI) LE	Ba	ker
execut ond co	dicol	16a V	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SEC		17 INFORM				ame as	#
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ricote la hysicio papers	event, the		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), c	and ic					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
rtific rphy phy on po			PART I. DEATH W	MMEDIATE	E CAUSE (6)	eneralize	ed Car	cinoma	tosis		7.044		
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the cremo	er tr		gove rise to imr	ig the		R AS A CONSEO				tastoses			
thot d by eose ol, cr	r other		underlying couse	lost.	((c)								100
quires signed Then pli	njury, a	NO	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	0)
ow re been prior	oux.	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		YES, WERE FINDI	
n oo oo	3	TIFIC								YES NO		RTIFYING CAUSES YES	OF DEATH?
iySiCIAN: The ding physicia is certificate h burial-transit	18 sho	CER	210. ACCIDENT WAS UNI		216. TIME O			21c. HOW II	NJURY OCCURR	ED (ENTER NATURE O		18, PART 1 OR PART 2)	
CIAN B ph griffic olitri	ltem]		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC			M. MONTH I	DAY YEAR						
PHYSICIAN: ending phys this certifico	ō	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f LOCAT	ION		OR TOWN	COUNTY	
G Pt offen offen s the	ked	W	WHILE NOT WE AT WO	HILE D	(AT HOME, STI	REET, FACTORY, OFFICE	, FARM, ETC.)	ZIKEEI		CITAC	K IOWN	COUNTY	STATE
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ortol For u	21 is		saw the decease above, (h (we) (c	ed driver on		19,	, or	d that in (my	(our) opinion o	leoth occurred on t	he date and	hour and from the	couses stated
OR AT DIRECT Doched for Dept. o	tem		22b. SIGNATUEL	1 /	///	other death.		DEGREE				22c. DATE	SIGNED
TAL O yy the RAL D detoc	£ .		/	1/13	happe	_			ATTENDING PHYSICIAN X	MEDICAL DIRECTOR PH	STAFF	10/	23/79
Se E P	Z		22d. PHYSICIAN'S N	WE HELD	HHD			220. ADDRE		, oweerow	II SICIAN [1 ±0/	<u>-3/ 17</u>
TO HOSPIT etained by TO FUNER should be a	MPORTANT		S. Shafil	- MT				CRMC	6701 N	. Charles	Stree	+ 21201	
reto 70	¥-	230 B	URIAL CREMATION		23b. DATE	1 230	NAME OF C		CREMATORY	23d LOCATION			-
BP		(3	Buria							CITY OR TOWN	1	COUNTY	STATE
DHMH - 16 60M 1/7	5	24. FU	INERAL DIRECTOR	-	ester	CT 79 N	resdor	riage	25a DATE	REC'D. BY REGIST	RAR 256 REG	HOWAY OTRAR'S SIGNA	
(VR A 15 (4))		S	INGLETON	F Bank	-	HOME, GI	EN BI	RNTE	MT OC	T 25 197	9	intany / he	Crooly
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injury, or other troumatic event, the medical exam

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	0.		
	CEASED NAME	FIRST	MIDD	LE	L	AST		20. DATE OF	DEATH	HINOM	DAY YEAR	26. HOUR
3. SEX		Barba	ra	A	H 5 DATE O	ENSLI	ER	Oct	ober	16,	1979	4 - 45
3. 367	F		W		MONTH		7 8 YEAR	8	ARS LAST BIRT	YRS.	MONTHS DAYS	HOURS MIN
ra BI	RTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF WH.	AT COUNTRY?	8 MARRIE		MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
	TY OR TOWN OF DEA		1. NAME OF HOS (IF NOT IN SUCH FAIL FRANCE				STITUTION	12a USUAL C	CCUPATI	ON	12b. KIND (INDUSTRY	OF BUSINESS OF
13a. S	AL RESIDENCE (IF NURS	136 COUNT	Y 13c	RESIDENCE BEFOR	N	YES 🗌	CITY LIMITS?	13e. STREET A	ADDRESS	1.96	E 4	VE.
	TOHIV VAS DECEASED EVER		ODLE HA			13 MOTHE	R'S MAIDEN NA FIRST	WE	MIDDLE	6-6	LA	ST
	res, no or unknown)		VAR OR DATES)	SOCIAL SECU	JRIIY NO.		NETT	E AL	ASA	NO4	0 - 9	127 mAc
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost Chronic Renal Failure Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Renal Failure											
N	PART 2. OTHER SIGN	NIFICANT CO		J				INAL DISEASE	OR CON	DITION GI	VEN IN PART 1	0)
CERTIFICATION	19a DATE OF OPERA	NON	Artheri 196. CONDITIO					20a AUTO	PSY?	IN CERTI	S, WERE FINDI FYING CAUSE ES []	NGS USED S OF DEATH?
MEDICAL CER	A CONTRACTOR OF										PART 1 OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	RK	21e. PLACE OF I (AT HOME, STREET, I	ACTORY, OFFICE, F		21f. LOCA1	T		CITY OR TOW		COUNTY	STATE
	22a I certify that saw the decease above, (we) (c	d alive or	of the note of the december of the body of	16_19_	79 , an	mber d that in	(our) opinion			ote and ha		
22a B	22d. PHYSICIAN'S NA Raul Augu URIAL, CREMATION,	sto Mo	olina-Eva				PHYSICIAN [DIRECTOR [Squa	IAN 🖫	rive	21237

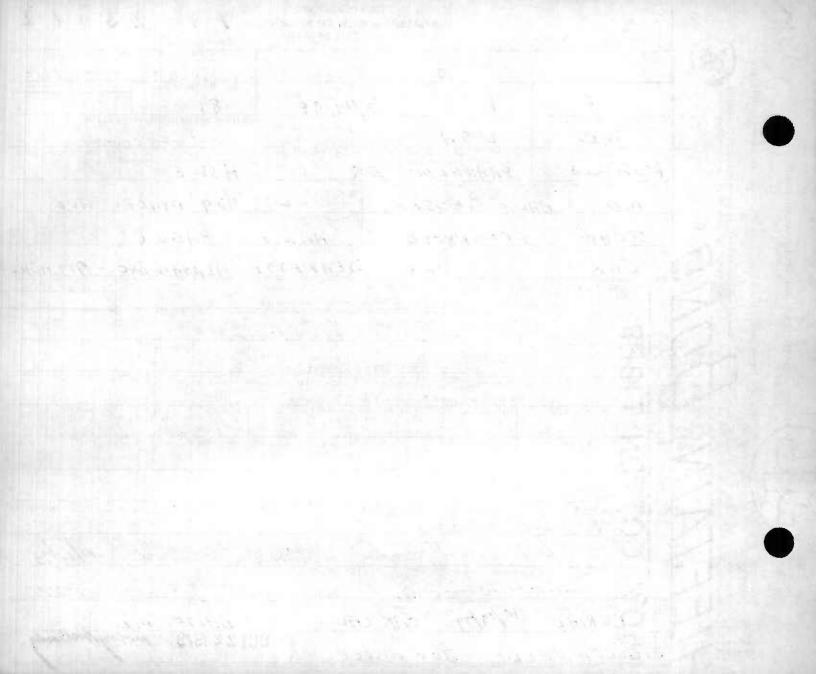
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

J. G. CONNELL

ADDRESS 300 MACE

D BYREIL SWOR 256. RESISTENCE SICKE



FOR STATE

REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

(VI)	J. JE	malt	1 11/1-	MONTH DAY YEAR	AGE (IN TEAKS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN
133	2. 01	MALE	WHILE	08-21-99	YRS.	V OF DEATH
TE 86	78. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	BALTIMORE CITY OR COUNT	TOF DEATH
EE COV	14 0	Balto. City	U.S.A.	WIDOWED DIVORCED	BALTO. COUN	/TY MI
filed with	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	
70	KA	NUALLSTOUN	OID COURT	NURSING HOME	Electrician Hel	per Balto. City
and be t	13a S	TATE 136 COUN			13a. STREET ADDRESS	
-		Md.	Balto	YES 🔃 NO 🗌	267 McCurley St	
Office	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
		Ferdinane	Heppding	Unknown		
medical		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	RITY NO. 17 INFORMANT616 HE	mershire Rd. Owi	ngs Mills. Md.
Ë		no	218 03 90	070 Mrs.AnnaM.Horr		21117
event, th		18 CAUSE OF DEATH (Enter on	ly one couse per line for 101, (b), and			BETWEEN ONSET AND DEATH
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ofic		486-	DUE TO, OR AS A CONSEQUE	NCE OF		
trough		Conditions, if ony, which	(b)			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
rother		underlying couse lost	(c)			
ry. or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
5 5	S S					
à q	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
shows	RTIF				YES NO	res 🗌 NO 🗍
Î @ (A		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
Mental or Item	CAL	(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19		
	MEDIC.	21d. INJURY OCCURRED	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR FOWN	COUNTY STATE
morked	2	AT WORK NOT WHILE		0 11 50	10 6-	70
reoli s mc			tol) ottended the degeosed from_	19		, 19 , tho (1) we) lost
21		sow the deceased afive on above, (New) (distinct of the contraction)	Triew the body after death.	and that in (my) (our) opinion	death accurred on the date and ha	our and from the causes stated
Dept.		226 SIGNATURE		DEGREE		22c. DATE SIGNED
ote D		110	2000 eller	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10-39
with the State Di		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	220 ADDRESS	0011	
P OR		Los	WAM IST	2100	and general	ONT
3 ₹	23a. E	URIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(Burial	Oct.8, 1979 Cre	st Lawn Park	G	county state Md.
14 204	et e	INERAL DIRECTOR		250 PAJ	REL'D BY THE INTER 25 AL	Many / State Calbudy
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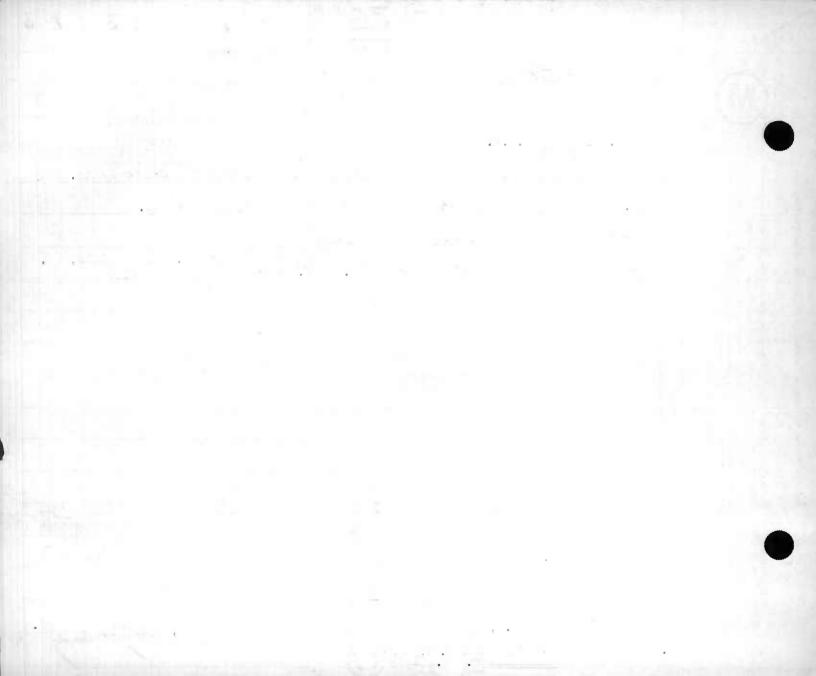
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

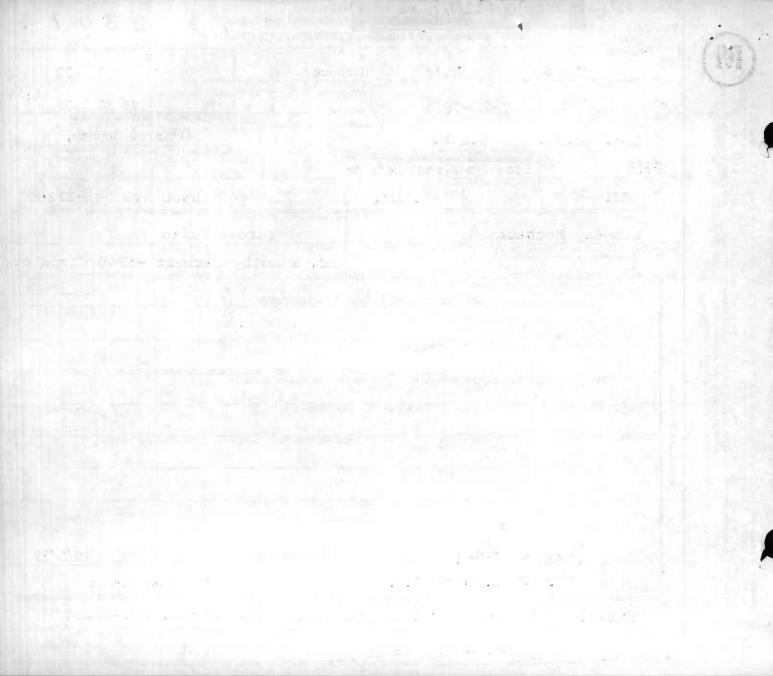
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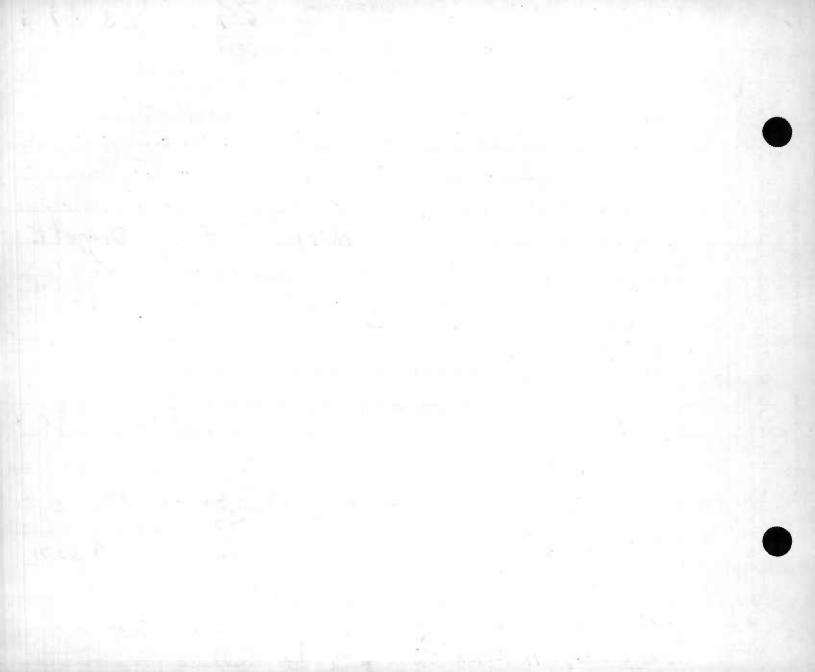
20 DATE OF DEATH MONTH



	-	ems #108 FOR STATE	a-22a Fi.	Lm G537	DEPART			ARYLAND AND MENT	AL HYGIE	NET 9		2 3	9 7	7 4
1		REGISTRAR				EXAMIN	IER'S C	ERTIFICAT	TE OF DE	ATH	REG. NO).		1
M)		CEASED NAME OR PRINT)	FIRST		MIDDLE		L.	AST		20. DATE N	KNOWN ESTI-	MONTH	DAY YEAR	26 HOUR
			Timoth		Crai			bert		DEATH	MATED [10	1 1979	м
Z Z O	3. SEX		. RACE	S. DATE OF BIR	AY YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UND		URS MIN	PRONOUN	CED	MONTH	DAY YEAR	2d HOUR 2:44
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7	-	ssex	J. DEATH	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)			FOF	R MOST OF WORK	(ING LIFE)	OF WORK	OR INDUS	TRY
	USUA	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTIO	in Squ		ION)	4.4		Child				
5	13a S	Md.	/3) COUN	TY	Bait	8 TOWN	1.	3d. INSIDE CITY LIM	o 13e ST	46 AR	von A	Avenu	ue -21	206
	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S /	MAIDEN NAM	MI	DDLE		LAST	
1		Timo	thy He	rbert					Tere	sa Te	fke			
1	16a. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOC	CIAL SECURIT	Y NO.	17. INFORMAN		** .1	ADDRESS		C 37	7
H		No			_			Mr. T	ımotny	y Her	pert	-594	6 Kave	on Ave
		18. CAUSE OF	DEATH (Enter on	2 DV					, .				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		798		TE CAUSE (o)				th Synd	rome	10				
JAI.		Condition	s, if ony, which	DUE TO,	OR AS A CON	ISEQUENCE	OF						1 3	
REMOVA	10	gave rise	e to immediate	(b)						V-1				
		lying caus	stating the <u>under</u> e last.	DUE TO,	OR AS A CON	ISEQUENCE	OF							
		PART 2 BYHER SIG	NIFICANT CONDITIONS	(c)	ATU BUT MET SEL	770 TD THE TEN	MANUAL BUCGASS							
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7	CERTIFICATION	19a. DATE OF	OPERATION	19b. CO	NDITION FOR	WHICH OPER	RATION WA	S PERFORMED)?	_			20 AUTOPSY	(?
1 3	TIFIC												YES K	NO 🗌
2		21g. EXTERNA			OF INJURY	DAY YEA	21c. HO	W INJURY OCC	CURRED (ENTER	R NATURE OF INJU	URY IN ITEM 18 P	PART 1 OR PART	(2)	
)	CAL	UNDERLYING CONTRIBUTIN	IG CAUSE OF		P.M.	19	^							
	MEDICAL	21d. INJURY O	CCURRED		CE OF INJURY		21f. LOC	ATION		CITY OR TOW	VN	COUN	VTV	STATE
	2	WHILE AT WORK	AT WORK		, t can't, E	,				CII. OK IOW		COOK		J.A.E
			y that I took charg	je of the remains	described abo	ove, held on	Autapsy	X Ins	pection .	Inquiry	One one	d in my opir	nion	
		death resulte		ral causes 🚺 ,	Accident		ricide	Hamicide		etermined mo		,		
			11	. 1	0 4			TITLE (SPECI						
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2		EXAMINER'S I	T) VILE	ginia L.	Doran	, M.D.	A	DDRESS		11.	1 Penn	stre	ec	
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)		NAME		Tno	RESS CAT	_ T2s1 ~	i		DATE REC'D. B	1 4 19	79	LINAR S SIC	CHATURE B	soolig
	J	ohn C	. Mille	er inc.	-641	O THEIR	ir R	d. l	001	0 10				



	- 1			STATE OF MARYLAND	918 64	0 00 10 000 700
		FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE / 9	2 3 9 7 5
-		DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
å A M		Henry	E. 1	tertson	1	0 22 79 9 an
S FEAT	3.	SEX	4 RACE 5	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
90		male	white	10 16 11	6	2 YRS
9 P 9 90	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	& CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
deolin 7	SI	chmond Va	<u>us</u> 4 v	NOWED DIVORCED D	Baltimo	ore County MI
offer of the fulled with find	7010	Olympulle	(IF NOT IN SUCH FACILITY, GIVE STREET ADD		120 USUAL OCCUPATI	
be a	Ų	SUAL RESIDENCE (IF NURSING HOME OR ISTATE 1136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	WISSION)	•	Co. I man of the
othin 24 h	34	1 1 1 1 1 1 1 1 1	timore 136 CITY OR TOWN	YES NO NO	130. STREET ADDRESS	abards Ave 23
4 7 S	14	FATHER'S NAME		15. MOTHER'S MAIDEN NA		14
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	/ 16	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURIT	Y NO. 17 INFORMANT	ADDRE	
n and co	1	LOKODWO	WAR OR DATES) 214-02-5	1402-4 Bm nar	- La Nurs	Center 333 Harte
rificate be g physician anpopers. P emoval	F		y one couse per line for (o), (b), and ic		1000 11000	APPROXIMATE PATERVAL METWEEN ONSET AND DEATH
hot the death certi by the ottending p ase remove corbon I, cremation, or rem other troumatic ev		Conditions, if any, which gove rise to immediate couse 103, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE	ME COD		
equires t n signed Then ple to buria injury, or	1		ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
beer mit prior	9	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The Iction. Ite has neit per regione shows					YES NO	YES NO
Z S D T 8		OR CONTRIBUTION C CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2)
	1 3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	1	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	1	AT WORK NOT WHILE		010 50	14-	12)e
			ol) ottended the deceosed from	19/		, 19, thou (we) los
		sow the deceased alive on obove. It was did told not	view the body ofter death.	ond that (my lour) opinion	death occurred on the de	ote and hour and from the couses stated
on ATTEN e haspital DIRECTOR oched for u Dept. of He		27h. SIONATURE) ()	DEGREE		22L DATE SIGNED
Al DAL Date Date Dite H		11112 4	ceeleer	PHYSICIAN S	MEDICAL STAI	
TO HOSPITAL CHARTER TO FUNERAL DIRECTOR FOR WITH THE State Dept. OF WITH THE STATE DEPT.	1	234 BHYSICIAN'S NAME (TYPE OR	PRINT) N DW	5 7000C	Doort	RN
0 등 5 층 포	23	BURIAL, CREMATION, REMOVAL		AE OF CEMETERY OR CREMATORY	123d. LOCATION	COUNTY
BP		(SPECIFY) burial	25 Oct 70 Vand	rivin Com	CITY OR TOWN	COUNTY STATE
	24	FUNERAL DIRECTOR	,	25e. DAT		25b. REGISTRAR'S SIGNATURE
DHMH-16 20M (VRA 15, 4) 7/7		J Stansbury 61	ADDRESS	N N	010 5 13/9	properly Malrod



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MPORTANT

In DATE OF OPERATION

21n ACCIDENT WAS UNDERLYING

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

Burial

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST 26 HOUR Pearl Elizabeth HICKS 15 10 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 10 HOURS 22 1912 Female White 66 To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. Baltimore County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville Housewife Franklin Square Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS
2521 Lodge Forest Drive 130 STATE 13d INSIDE CITY LIMITS? Edgemere Baltimore Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MICOLE Asher Annie Samuel L. Amos 2521 Todge Forest Drive 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Balto.MD 21219 227-07-3869 Hilton J. Hicks No

MAS CAUSE	nly one couse per line for (a), (b), and (c) DBY: TE CAUSE (a) Cardio-respiratory arrest	
Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure (
couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
2)d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATI
220.1 certify that (1) (this hospital) sow the deceased alive on	10/15/ 19 79	/13/ , 19 79 , to Id that in (my) (our) opinion death accur	10/15/ rred on the date and ha		ot (1) (we uses state

DEGREE

27d PHYSICIAN'S NAME (TYPE OF PRINT

N.

215. TIME OF INJURY

ATTENDING 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

10/15/79

STATE

22c. DATE SIGNED

10/18/79 Bel Air Memorial

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

9000 Franklin Square Drive 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Bel Air

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOT

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

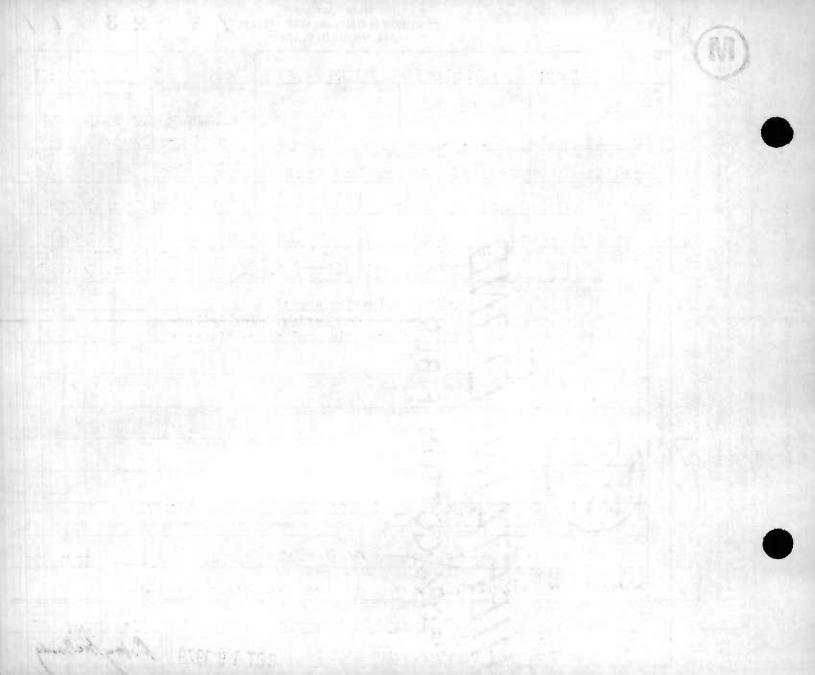
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DHMH - 16 50M 1/76 (VR A 15 (4))

Duda-Ruck, Incapación 24 FUNERAL DIRECTOR 7922 Wise Avenue, Dundalk, MD 21222

BY REGISTRAR 256. RE

Harford MD



completely filled in by the 1 and 2 should be filed

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medical papers. Pages

event, th

other

marked ar Item 18

MPORTANT: If Item 21 is

MEDICAL CERTIFICATION

STATE OF MARYLAND

STATE

- STATE REGISTRAR		DEPAR	CERTIFICATE OF		REG.	NO.	3	1	1	0
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	TO THE	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
M.A	ARION	Α.	HILMER		OCTO	DBER 23	. 19	979	7:1	5 114
3. SEX	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER	1 YEAR	IF UNDER	24 HRS
XXXXXX Fema	1e Wh	ite	Jan. 23,	1891	88	YRS.	MONTHS	DAYS	HOURS	MIN.
70 BIRTHPLACE (STATE OR FORE	IGN 76 CITIZE	N OF WHAT COUNTRY	? 8		9. BALTIMORE CITY	OR COUNTY	OF DE	ATH		
Maryland		U.S.A.	MARRIED NEVER	DIVORCED	BALTIMO	ORE COU	NTY			MD
10 CITY OR TOWN OF DEATH			ING HOME OR OTHER IN	ISTITUTION	12a USUAL OCCUPA				FBUSIN	ESS OR
TOWSON		INT JOSEPH	HOSPITAL		Home Ma			_	Home	
USUAL RESIDENCE HE NURSING	S HOME OF OTHER INST	ITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	CITY LIMITS?	13e. STREET ADDRESS	7				
							600			
	Baltimor			NO 🗆X	8223 Bur		oad			

14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE Charles Simpspn Sophia Amen 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 216-07-7757D No J. Gordon Hilmer Same as #13.

18 CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY.	Congestive heart failure	BETWEEN ONSET AND DEA
IMMEDIATE CAUSE to	Congestive heart fairlie	
Conditions, if any, which gave rise to immediate	o, OR AS A CONSEQUENCE OF Advanced arteriosclerotic cardiovascular dise O, OR AS A CONSEQUENCE OF	ease
(c)		

Diabetes	mellitus, Carcino	ma of bladder				Marie .
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	
			YES NO	YES YES		NO 🗆
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15		ED (ENTER NATURE OF	INJURY IN ITEM 18, PAR	I 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE

October October 220. I certify that M (this haspital) attended the deceased from october 23 saw the deceased plive or obove, (we) (did) (did) (our) opinion death occurred an the date and haur and fram the couses stated DEGREE SIGNATUR 22c. DATE SIGNED

ATTENDING PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRINT) 22e ADDRESS

Natividad D. de Leon, M.D

7620 York Road, Towson, MD 21204

MEDICAL STAFF DIRECTOR PHYSICIAN

238. BURIAL, CREMATION, REMOVAL	230. DAIL		136 NAME OF CEN	IEIERT OR C	REMATORT	CITY OR TOWN	COUNTY	
Burial	Oct.	26,1979	Lorraine	Park	Cem.	Woodlawn,		Me
24 FUNERAL DIRECTOR			1050 You	rk Ree	d 250. DATE	REC'D. BY REGISTRAR 251	b. RESISTBAR'S SH	U N

DHMH - 16 50M 7/77 (VRA 15 (4))

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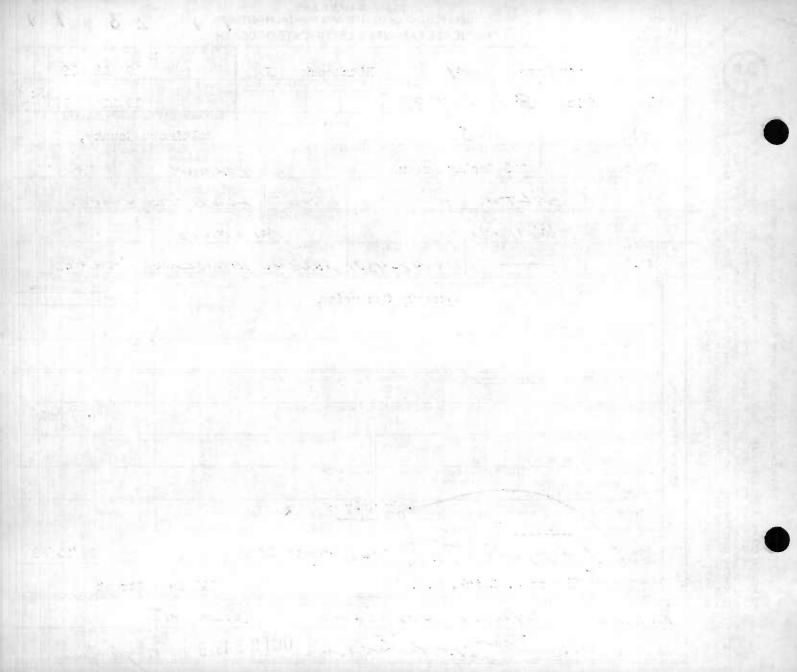
BP.

HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to bu

1050 York Reed | 250. DATE REC'D. BY REGISTRAR | 256. HES 13 AF TOWSON, Md. 21204 | OCT 2 6 1979 Rucker Towson Funeral Home, Inc. Towson, Md. 21204

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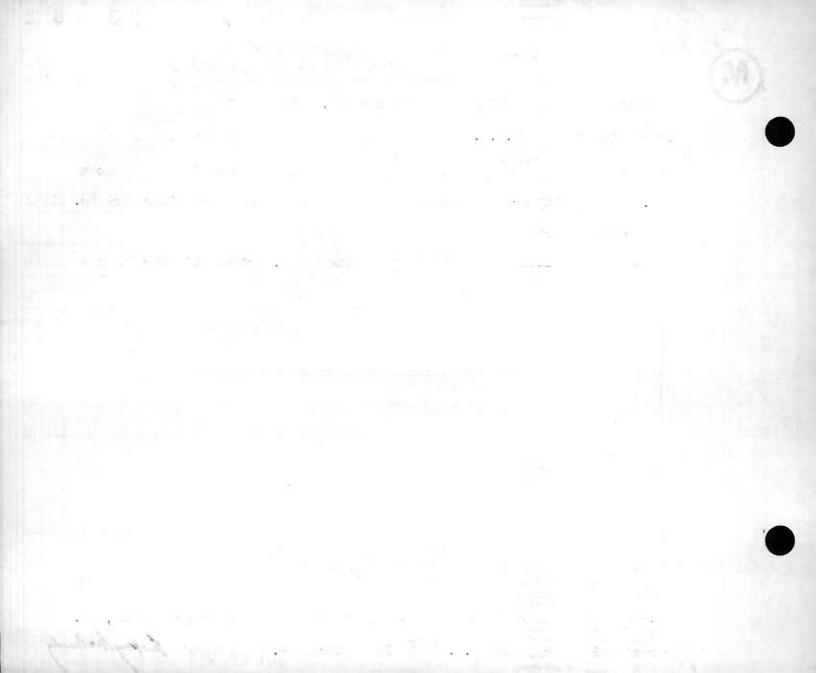


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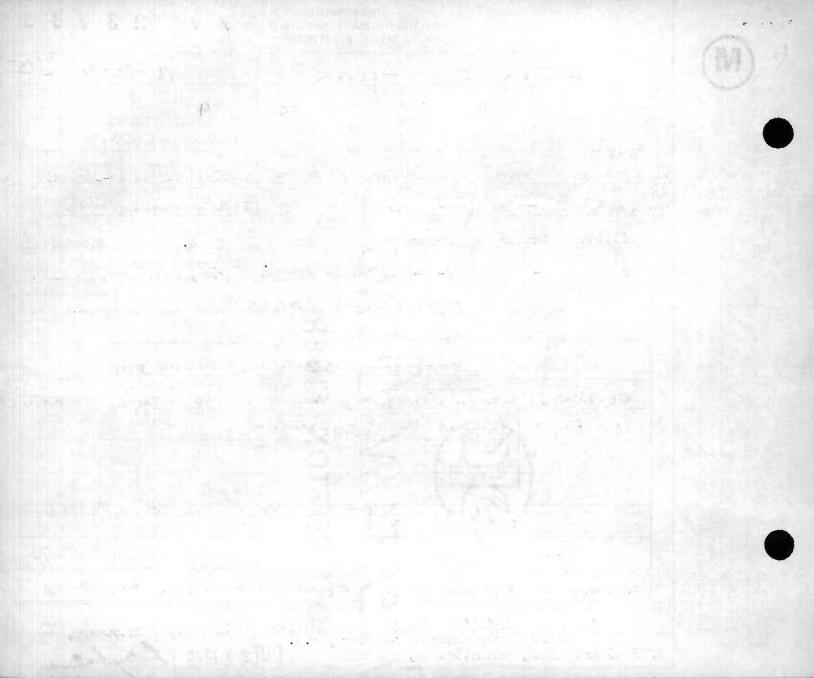
Hormus	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9 2.	3 9 8 1
H 25	I. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 205/
pog ter den	3. SEX	4 RACE	Holmes SR.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
of the same	Mole	White	MONTH 20-1899	80 YRS	MONTHS DAYS HOURS MIN
O	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
or the filed to non-kied &	10 CITY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
in by be file	TOWSON USUAL RESIDENCE (IF NURSING FOME		FORE ADMISSION)	Letter Carrie	er Post Office
AND 24 h hould hould	13a. STATE	111	ville YES NO De	778 General	15 Huy
MARYL and within	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	1. LAST
DRE, I	160 WAS DECEASED EVER IN U.S. (YES, NO OBUNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	Civalier
LTIM	Yes lu	WI 216-4	4-3377 Edward A.	Holmes Jr	· Sec. 13
physicate mpope emovol	PART I. DEATH WAS CAU	only one couse per line fallo, (b), SED BY: IATE CAUSE (b)	monatoris 1u	luman origi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 407
TON S ending e carba n, or re motic e	1629	DUE TO, OR AS A PONSE		- 0 1	3.+
PREST	Conditions, if any, which gave rise to immediate couse (0), stating the	DUE TO, OR AS A ECONSEC	DIENCEDE	ve mug du	20-93
201 W eed by t pleose mol, cr	underlying couse lost	(c) try/	intrusive Arts.	une (v)	10-44
0 0 0		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ne low requirence on the low required on the low required on the lower significant. The rene prior to be lower any injury of the lower low	190 DATE OF OPERATION SEPT 79 210. ACCIDENT WAS UNDERLYING	12:	CHOPERATION WAS PERFORMED	20a AUTOPSY? 20b, IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
VITAL R. I.N.: The I.N.: T	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	YES NOW PED (ENTER NATURE OF INJURY IN ITEM 18	YES NO S
DN OF VITA IYSICIAN: II ding physicia s certificate boxiol-transil Mental Hygi	OR CONTRIBUTING CAUSE OF	ER) P.M.	19		
DIVISION OF VITAL ING PHYSICIAN: The r otherding physicion After this certificate h os the burial-transit th and Mental Hygier th and Mental Hygier orked or item 18 shou	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2)e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI al or of or use of Health	22a. I certify that (I) (the ba	putal) attended the deceased from		10 10 - 27	19 79 , that (1) (ve) lost
OR ATTI or hospit DIRECTO Docked for Dopt. of	sow the deceased alive above, (I) (we) (did) (did 22b. SIGNAJURE	not) view the body ofter death.		death occurred on the date and he	our and from the causes stated 22c. DATE SIGNED
TAL OR RAL DIRE RAL DIRE detocher tote Dept	Win lan	1 Thering		MEDICAL STAFF DIRECTOR PHYSICIAN	1027-79
TO HOSPITAL (retoined by the TO FUNERAL Eshould be deto with the Stote EMPORTANT; If	22d. PHYSICIAN'S NAME (TYP	BELING N	1D- 740, OS	LEK DK BA	LOU MO 21204
of of sho	23a. BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY & STATE
BP	24. FUNERAL DIRECTOR	10-29-79	Boldwin Meth Church	TERRO O BY REGIO RAR IN BE	A Michael
DHMH - 16 50M 1/76 (VR A 15 (4))	MAME .	Barranco ADDRESS	Everna Part	1 3 0 1313	/

. All gerill Total Land Committee Commi

	(TYPE	CEASED NAME E OR PRINT)	MAR	The y	WIDDLE	H	AST Honza	10/18/7	9		2b.
	3 SE	Female	1	RACE Whi	te	5. DATE C		6 AGE (IN YEARS LAST BIR	M	ONTHS DAYS	H
1 Jones	C	IRTHPLACE (STATE OR F			WHAT COUNTRY?	1	D NEVER MARRIED	BALTIMORE CITY C	,	1	
	10.C	ITY OR TOWN OF DE		I. NAME OF		G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE	12b. KIND C	
36	USU 13a	AL RESIDENCE (# NUR STATE Md.	Balti	THER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS		-	
2	14. F/	Frank		zan	LAST		Is MOTHER'S MAIDEN NA			LA:	
medica	16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM		212 74 1		Stephen G.	Krizan 900		it Road	— d
of other troumotic event,		18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony gove rise to imm couse to l, stofic underlying couse	/AS CAUSED IMMEDIATE , which mediate ng the lost.	DUE TO, O	RAS A CONSEQUE	NCE OF		Taxular i			ONS
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rked or Item 18 shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	PART I. DEATH W Conditions, if ony gove rise to im- couse 101, stofis underlying couse PART 2 OTHER SIGN 196 DATE OF OPERA 216, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MEDIC 216 INJURY OCCUR	/AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CC TION DERLYING CAUSE OF DEATH AL EXAMINER) RED HILE MILE	BY: CAUSE IO) DUE TO, O (b) DUE TO, O (c) IPB COND 21b. TIME C HOUR A. P. 21e PLACE	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	NCE OF NCE OF DEATH BUT OPERATION Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES	ONS ONS
Item 18 shows any injury, or ather traumatic event,		PART I. DEATH W Conditions, if ony gove rise to immouse lol, stofil underlying couse PART 2 OTHER SIGN 198 DATE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE NOTIFY NOTIFY MEDIC WHILE NOTIFY MEDIC MILE MILE NOTIFY MEDIC MILE MILE MILE MILE MILE MILE MILE MILE	AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CC TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED HILE (this hospito ed alive an	DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) PODITIONS CO 21b. TIME C HOUR A. P. 21e PLACE (AT HOME. STI	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH: OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	NCE OF NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDIII ING CAUSES TI LORPART 2) COUNTY	NG ONS
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STATE OF MARYLAND



F. Lassahn 11750 Belair Rd. Kingsville, Md. 21087

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

YEAR

DAYS

IF UNDER 1 YEAR

21040

COUNTY

25g DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

STATE

26 HOUR

12h KIND OF BUSINESS OR

Cardell

IF UNDER 24 HR

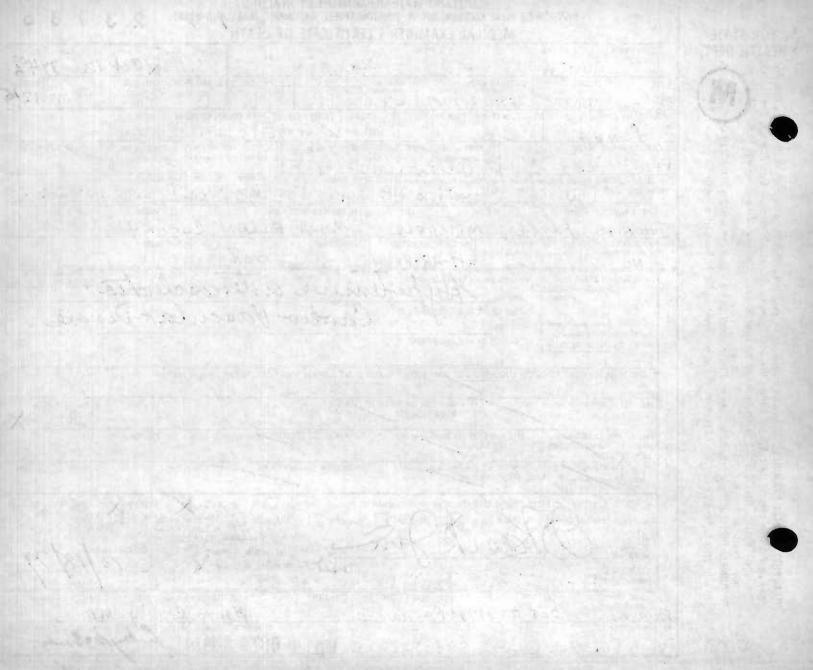
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 23201	986
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	y Yeor 2h HOUR
20 B	(Type or Print) RUTH A. HURTER DEATH MATED & Oct 1	3 197944
\$ 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
983 131	FERALE WHITE 1AN. 2 1917 62 YRS. MONTHS DAYS HOURS MIN. Month	Yeor 1979 128
EN 8	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Cle of 12	COUNTY) PENNA. U.S.A. WIDOWED DIVORCED BALTIMORE, COUNTY	M ET
the star of the st	during most of working life form if extind \ IND	DUSTRY
Day at OC	LLHKVITTE 1 7800 CTHVIII MAXHLIF	OSIKI
hours after ttem 18. Giv Office along and 2 with t	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE CO. 13b. COUNTY BALTINGSE PARKVILLS YES NO 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY	LOW OUT T
12 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v		JAY, APT. F
tand Office	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	lost
2 5 2 8 600	THOMAS PATRICK MITCHELL MARY ELLEN CLEARY	
thin mine pag	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	
within 24 in pencil in Examiner's File pages 1 72 hours		APPROXIMATE INTERVAL
1 d 4 d	18. CAUSE OF DEATH (Enter only one couse per line log of the market) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
	4029 DUE TO, OR AS A CORSIDERICE OF Cardio Vascular Due Conditions, if ony, which gove	*
be ex "pend nief M ansit p	(onditions, if ony, which gove)	eare
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5 > = . = -	lost.	
s certificate should e, writing the word forworded to the C used as a buriol-tr emovol, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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his certifiate, writing a forword be used a removol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Don't year 21c. HOW INJURY OCCURRED (Errier nature of injury in Port 1 or Part 2, Item)	YES NO
Fico Fico	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1 HOUR A.M.	18.)
KAMINER: 1 te the certific ge 4 should by your files. oge 3 should cremation, o	PRIMARY OCCURRED 21e, PLACE OF INJURY (At home, form-street). 21f, LOCATION Street or R.F.D. No. (ity or Town)	
3 fi si e	21d. NJURY OCCURRED 21e. PLACE OF INJURY (At home, form-street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	ounty State
EXAM ute th uge 4 your Poge	AT WORK PAI	
VI E Xect Pa for OR: I rial,	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry ,	and in my apinior
ctor.	death resulted trends you couses, Accident , Suicide , Homicide , Undetermined monner	
dire dire r to r to	ACTUAL CHIEF MEDICAL EXAMINER COLL PAYERSON	,
y, p ricol	SIGNATURE	18/18/20
Ssar Ssar NER	EXAMINER'S DEPUTY MEDICAL EXAMINER &	110/1/
necessary, please execut the funeral director. Pag 5 may be retained for y TO FUNERAL DIRECTOR: P. Health prior to burial, o	NAME (Type) FRANK T. KASIK JR. (1.0. ADDRESS(Street, city, town, or county)	
5 + 25 +	PEMOVAI (Specify)	unty) (Stote)
	BURIAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 251 ADDRESS 250. RECID BY RECIDE BY REGISTRAR 251 ADDRESS 250. RECIDE BY RECIDE BY RECIDE BY RECIDE BY RECIDE BY RECIDE BY REC	D Control
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MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE REGISTRA	R		DEPAR	TMENT OF H	EALTH AND MENTAL HY		2 3 NO.	9 8	3 7
(TYPE OR PRINT)					AST	2a. DATE OF DEATH	MONTH DAY	Section 1	HOUR]
	ERNESTINE						TO THE STATE OF CO		10:20 m
				MONTH	DAY YEAR				UNDER 24 HRS
	STATE OR FOREIGN		MAT COUNTRY		1, 1915		YRS YRS	DEATH	
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		(IF NOT IN SUCH	FACILITY, GIVE STRE	ET ADDRESS)			ATION T OF WORKING (IFE)	ZB. KIND OF BU NOUSTRY BOOKS TO	RE
USUAL RESIDENCE 130 STATE MD.	136 COUN	OTHER INSTITUTION, O	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS WALTE	RS LANE		
		ALIDDI F	LACY					1484	1.1.119
ARTH		WIDDE	BODE		LOUÍSE	A.		HUNTER	
				0-55.	PAUL A. HUPF	001 1141		SPARKS	,MD.
	DEATH WAS CAUSE	Ď BY:	} /	0	in man	mar-		APPROXIMATE BETWEEN ONSE	T AND DEATH
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0.61	one ac	hoe &	exac	itis		200 AUTOPSY?	206. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
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sow th	ne deceased alive on	2800	19		ed that (Iny) (our) opinion	death occurred on the	dote and hour and		(I)7(we) lost
22b. SIGNA	Jame	Me	bux	_ /	ATTENDING PHYSICIAN			31 C	TYPEDA 79
22d. PHY54	AN'S NAME (TYPE O	M Sc	WA,	M.D.	114 YORI	ROAD	Tows	on Mi	21204
23e. BURIAL, CRE.	MATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NIY	STATE
		NOV. 2.	1979 D	III.ANEY	VALLEY CEM.	COCKEYSV	ILLE BALT	O. MD.	
24 FUNERAL DIR		1210102)		0201111111		TE REC'D. BY REGISTR.			
	TOWSON I. DECEASED NA (TYPE OF PRINT) 3. SEX FEMALE 70. BIRTHPLACE COUNTRY) MARYLA 10. CITY OR TOW TOWSON USUAL RESIDENCE (YES, NO OR UNK NO 14. FATHER'S NAAF FIRST ARTH 160. WAS DECEASE (YES, NO OR UNK NO 18. CAUSE PART 1. Condition gove rise couse (C underlying PART 2. O) 190. DATE C 190. DATE C 210. ACCIDE OR CONTRIB (FETHER, N WHILE AT WORK 220. I certiff Sow if Sow if Sove 220. SIGNA 230. BURIAL, CRE (SPECIFY)	TOWSON USUAL RESIDENCE (IF NURSING HOME OF PART) 1. DECEASED NAME (TYPE OR PRINT) TOWSON USUAL RESIDENCE (IF NURSING HOME OF 130 STATE IS NAME FIRST ARTHUR 160 WAS DECEASED EVER IN U.S. ARTHUR 18 CAUSE OF DEATH (IF YES, GIVEN NO) 19 DATE OF OPERATION PART 2. OTHER SIGNIFICANT (IF YES, GIVEN NO) 190. DATE OF OPERATION 191. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I CERTIFY THAT (IF ITHE TOP OF OPERATION) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT	TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, COUNTRY) WHO IS STATE ARTHUR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (IS) IN OR CONTRIBUTING HOME OR OTHER INSTITUTIONS, OR CONTRIBUTING HOME OR OTHER SIGNIFICANT CONDUCTIONS CONTRIBUTING HOME OR CONTRIBUTION OR CONTRIBUTING HOME OR CONTRIBUTION OR CONTRIBUTING HOME OR CONTRIBUTION OR CON	TOWSON USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATH TOWSON TOWSON USUAL RESIDENCE TOWSON 1 - FOR REGISTRAR 1 DECEASED NAME FIRST MODILE 1 DECEASED NAME FIRST MODILE 1 REGISTRAR 1 RACE STATE RENESTINE B. HUPFER 3. SEX FEMALE 1 RACE WHITE FEB. 3. SEX HUPFER 3. SEX FEMALE 1 RACE WHITE FEB. 1 RACE MOOTH FEED MOOTH FIRST WARRIED FOR COUNTRY US A MARRIED FOR COUNTRY ON TOWN OF DEATH STATE OF POPERATION OF RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 10 CITY OR TOWN OF DEATH STATE OR POPERATION 11 STATE STATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 12 STATE STATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 13 STATE STATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 14 FATHER'S NAME RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 15 STATE STATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, DAY RESIDENCE REFORE ADMISSION) 16 SOCIAL SECURITY NO. 215-05-9255A 18 CAUSE OF DEATH LETTER ONLY OR COUNTRIBUTION OF ROWN IN TOWN SPARKS 18 CAUSE OF DEATH LETTER ONLY OR COUNTRIBUTION OF RESIDENCE OF CONDITION OF RESIDENCE OF COUNTRIBUTION OF RESIDENCE OF COUNTRIBUT	Total State Prot Prot	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGIST	DEPARTMENT OF HEALTH AND MENT AL HYGIENE STATE ST	DEPARTMENT OF HALTH AND MENTAL HYGIENE SERGISTAR REGISTAR REGIS	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 11:1 SARAH F. HURST 79 10 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY Female Negro 24 1908 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY Virginia U. S. A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHARLES ST. GBMC-6701 TOWSON N. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 203 North Dallas Court YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Mackey Jones Rebecca ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES. NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 217-18-0826 Benjamin Hurst 203 North Dallas Ct. BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY FAILURE SECONDARY IMMEDIATE CAUSE 10 TO ANEMIA CERVICAL CANCER Canditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NOX NOF YES [burial-tronsit Mentol Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, 10-11 sow the deceased alive on and that in (my) (aur) apinion deoth accurred an the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF TO FUNERAL I should be deto with the Store I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e. ADDRESS GBMC-6701 N. CHARLES ST. E. ZARGARIAN, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 10/15/79 Westview Mem. Park Catonsville, Maryland BP THE OSTRAR THE RESIDENCE STONATORE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 March F/H 1101 East North Ave.

(VR A 15 (4))

CEMC-6707 N. CHARLES ST.

CAPBIONESS I RATORY FAILURE SECONDARY CERVICAL CAMCEP TO ARRESTA

E. ZARGARION, M.D.

GENC-6701 N. CHARLES ST.

	1,	FOR	DEF		E OF MARYLAND BEALTH AND MENTAL HYG	TENE 7 9	2 3	3 9	8 9
	'	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	,	CHARLES	LATHA	M HUT	TON	1	0 23	79	4:50PM
	3 SE	X	RACE	5 DATE (6 AGE (IN YEARS LAST BIRTI	HDAY) IF L	INDER : YEAR	IF UNDER 24 HRS
		MALE	WHITE	JULY	20,1902 YEAR	77	YRS	IIII DATS	MIN MIN
Source.		MARYLAND	USA	WIDOWI		P BALTIMORE CITY O	_	DEATH	MD
Potified		ALTIMORE	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 6701N. CH	URSING HOME (STREET ADDRESS) ARLES S	TREET	12a USUAL OCCUPATION OF THE CRANE OPER	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
must be	130	AL RESIDENCE (IF NURSING HOME OR C STATE 136, COUNT ARYLAND	Y 13c. CITY OF		13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 3800 PARK	SIDE DF		
examine	14. F/		DDLE LAS	ī	15 MOTHER'S MAIDEN NA/ FIRST ELLEN	ME		LAS	r
medical		WAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANT	1630 ^A WA	LL DR.		
		NO		9-1746	LOUIS J. HUT	TON PASADEN	A, MD.	21122	
event, the		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: EV	b, ond ic SANGUIN	IATION			BETWEEN C	TES
or ather traumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF	OF THE LUN	IG		6-12	MOS.
or ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON						
injury,	NOIL	PART 2 OTHER SIGNIFICANT CO							
ows only	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
or Item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
markedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
2.		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)	1) ottended the deceased to 10/23	19.79 or	nd that in (my) (our) apinion of	, to10/ deoth occurred on the do	te and hour or		that (I) (we) last couses stated
MPORTANT: If them 21		226. SIGNATURE A COMM 22d. PHYSICIAN'S NAME (TYPE OR	Rankler	n 11	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		220 DATE S	1979
MPORT		DR. NATHAN			GREATER BA		EDICAL	_ CEN	TER
	(BURIAL	23b. DATE 10/26/79	WESTVIE	EMETERY OR CREMATORY W MEMORIAL PK		LE BAL		STATE MD.
75	MI'	UNERALDIRECTOR TCHELL_WIEDEFELD	HOME, INC.	BALTO.	ORK RD. 25OCT	REC'S BY SECUTRAR	SARCIE STORY	US STOTEMEN	7

DHMH - 16 60M 1/75

(VRA 15 (4))

מובורה ונילים אונדרת בין ליילים אונדרת בין ליילים TITLE SEE CONT. THE LET ST EET - CONTROL SEED OF SEED CINCIPILM OF THE LUBB 5.701 THE LOCAL PROPERTY OF THE PROP

	1			STATE OF MARYLAND			-
	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	2 3 9	9 (
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
	TYPE	LOU1	SE ELAINE	ISENNOCK	4	10 31 79	10:1
	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
		FEMALE	White	April 20, 1939	40	MONIHS DAYS	HOURS
12	70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED X NEVER MARRIED		OR COUNTY OF DEATH	
2	2	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMO	RE COUNTY	100 pt
()		ITY OR TOWN OF DEATH	OF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		OF BUSINES
NO		OWSON		1. CHARLES ST.	TEACHER		ic School
2	13a S	STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY	WN. 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	TSE ROAD	
amine 1	14 FA	ATHER'S NAME	MIDDIS 197 LAST	15 MOTHER'S MAIDEN N	IAME		AST
7-6		JAMES All	WISHER WISHER	410111	LouisE	Yonglin	5
dico.		WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)		04)692-6362 ADDRI	40 Mms K Roma	d
2 media		40 -	212-36-	1061 Mr. JAMES W.	ISENHOCK F	orest Hill, Marc	Jax 21
ŧ.		18 CAUSE OF DEATH Enter of	enly one cause per line for (a), (b), of ED BY:	and c		BETWEEN	NIMATE INTERV
ven			ATE CAUSE (O) METAS	TATIC CA OF BREA	AST		
atic		1749	DUE TO, OR AS A CONSEQ	LIENCE OF			
E S		Conditions, if ony, which	(OENCE OF			
10		gove rise to immediate)				
othe		couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF			
70,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	lioi
n local	Z		Continue Continue in the	DOLLAR DOLLAR DE LO TILE TEL	William Disease on Con-	on or	
duy	A B	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
Sm of	F	7.50			YES NOW	IN CERTIFYING CAUSE	S OF DEATH
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		_
1 4 4 9	11	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		·	
2	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TO	wn COUNTY	STA
mar	1		pital) attended the deceased from	10-19 19-79	10_10_31	19.79	, that (1) (v
.5			n 10-31 oth view the body ofter death.	79 , and that in (my) (our) opinion		10	
m 2		obove, (1) (we) (did) (did n	of view the body ofter death.	DEGREE	The desired on the d		E SIGNED
¥		220. SIGNA DE	1 11/1	M . A ATTENIONIO	MEDICAL STA	c c	
-		Jacan	1 19 cevery	PHYSICIAN	DIRECTOR PHYSIC	10-	31-7
2	/	22d. PHYSICIAN'S NAME (11)	Germania /	22e ADDRESS		DE FLORE O	
		JUAN J. MC	JNOZ, M.D.	GBMC-670	N. CHARLI	ES ST.	
	230	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY	STAT
		urial	NOV. 3, 1979 B	el Air Memorial Garden	S BEL Air, No	wood Con Maryl	
		UNERAL DIRECTOR VILLAM			ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGISA	ATURE
	2	DOMEH MILITHAN	R IN ADDRESS	2 12 17 10 11	= 1070	Pinton Me	Ches

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JUMOZ, M.D. GENC-1761 M. CHARLES ST. M. MARLES ST. M. CHARLES ST. M. M. CHARLES ST. M. CHARLES S

an ond campletely filled in by the funeral di is. Poges 1 and 2 should be filed within 72 hor

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF D	EATH		REG, NO).			
	CEASED NAME	FIRST	À	AIDDLE	L	AST		20 DATE OF	EATH	MONTH	DAY	YEAR	26 HOUR
	+	FELEN	/	И.	JEN	NINGS				10	30 -	19.	10-10 AM
3. SE	× Female	4 F	RACE Wh:	ite	5. DATE C		YEAR 15	6 AGE (IN YEAR	RS LAST BIRTH	PDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED	Baltimor Balti		R COUN	TY OF DE	ATH	MD
	ndallstown		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A COUNTY	ADDRESS)			120 USUAL OF TYPE OF WORK F	OR MOST OF			KIND O USTRY	F BUSINESS OR
USU, 13a. S	AL RESIDENCE (IF NURS STATE MD	136 COUNTY Baltin		GIVE RESIDENCE BEFORE 131 CITY OR TOWN Woodstoc	V	13d INSIDE CIT	Y LIMITS?	13e STREET AL 10704		is A	ve.		
4. F.A	Charles	MIDD	υE	Resch			maiden nan Rst Zen	ΛE	WIDDLE		M	ich	les
	vas deceased ever yes, no or unknown) No	IN U.S. ARMEL (IF YES, GIVE WA		215-09-2		17 INFORMAN 2029 GW	Mr. ynn Oa	John P k Ave.,	ilgr Bal	im timo:	re, M	1D 2	1207
	Conditions, if ony, gave rise to imm cause (a), statin underlying couse	Which mediate g the	DUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE	M MA	nie p	ulmmi	n dese	900	Sei	-		Jallun
LION	PART 2 OTHER SIGN	Pient	hea	A fail	wre					DITION G	IVEN IN P	ART 1(0	31
CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP	SY?	IN CERT			GS USED OF DEATH? NO
	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATU	RE OF INJUR	Y IN ITEM 78	B, PART 1 OR P	'ART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WORK	HILE [T]	218 PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION	4		ITY OR TOW	N	COUP	414	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on	0 - 3	0 - 197	9.,00	d that in (my) (, 19 our) opinion d	, to	on the do	te and ha	, 19. 7 our and fre		that (I) (we) lost couses stated
	226. SIGNATURE	n sho	h.				TENDING HYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC				SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE OR PRI				22e. ADDRESS 5401 0		imore C rt Rd					spital D 21133

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

Item 18 s

FOR

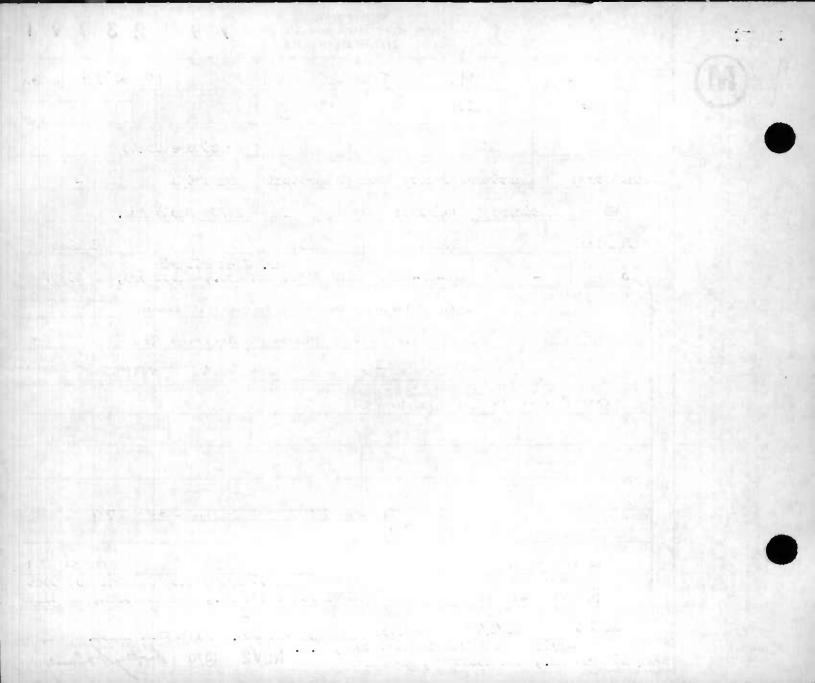
(ISPECIFY) Burial 11/1/79 Granite Presbytenian Com. Wood 24 FUNERAL DIRECTOR Loring Byers Funeral directors, P.A. 1256 DATE RECT. BY REGISTRY 8728 Liberty Rd., Randallstown, MD 21133 NOV 2 1979

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

COUNTY



Ruck Towson Funeral Home, Inc. Towson, Md. 21204 00

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Andrew energial				
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND	<u>å</u> .
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hairs after deat retained by the haspital or attending physician.

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 7 9	2 ;	3 9	9 4
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Parthen	ia	JO	OHNSON	October	10 11	79	6:00
1	3 SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		Female	Negro	Feb	17 1888	91	YRS.	VIHS. DATS	HOURS MIN
3	C	RTHPLACE STATE OR FOREIGN DUNTRY) rth Carolina	U.S.A.	8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore city o			M
7	10 CI	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	or other institution e Hospital	120 USUAL OCCUPATION OF WORK FOR MOSTO Domesti	ON F WORKING LIFE)		OF BUSINESS OF
3	13o. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULTY Land		N	13d. INSIDE CITY LIMITS? YES NO P	6110 St.	Regi	s Rd	.21206
2	14 FA	THER'S NAME Charlie	MIDDLE LAST ROSS		15. MOTHER'S MAIDEN NAMER FIRST	WE		Pend	er
1	(Y	VAS DECEASED EVER IN U.S. AR 185, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)		Annie Coop	er/6110 S		gis !	Road
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	of t	tory arrest the head of the		DITION GIVEN		IMATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION 9/6/79	196 CONDITION FOR WHICH Obstructive			20a AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFY IN YES [NGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		saw the deceased alive an	ital) attended the deceosed from 10/11/19	79 . 3	ond that in (my) (aur) apinion of DEGREE	MEDICAL STAF	F _/		SIGNED
		22d PHYSICIAN'S NAME (TYPE OF Daniel Ronch	etta, M.D.		220. ADDRESS 9000 Frankli				, , ,
	(:	Burial Burial			iew Mem. Pk	23d LOCATION CITY OF TOWN Baltimo	re		Md.
		INERAL DIRECTOR Shall W Jon	nes Jr/4101 Ed	mono		REC'D. BY REGISTRAR	25b. REALISTRA	R'S SIGNAT	URE

DHMH - 16 50M 1/76 (VR A 15 (4))

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DELL'AMBRED SERVE SU - - II Photography and the property of the same

. 3	1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYGICATE OF DEATH		2 3 9 9 5
Poge 3		CEASED NAME FIRST OR PRINT)	JORDA	AST	REG. NO 20 DATE OF DEATH MON OCTOBER 6 AGE LAST BIRTHDAY	8 1979 545 _{A M}
nerol director. in 72 hours after	70 BI	Tale RATHPLACE ISTATE OR FOREIGN 76 CI	FIZEN OF WHAT COUNTRY? 8 MARRIEL WIDOWE	12 1908 Never Married DI DIVORCED DIVORCED	Baltimore city or co	YRS DAYS HOURS MIN. OUNTY OF DEATH COUNTY OF DEATH
hours ofter d in by the full be filed with	Ca	TONSVILLE FO	VAME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF LOST HAVE A CONTROL OF THE STREET ADDRESS OF THE ST	ursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING (IFE) 12b. KIND OPS SINESS OR INDUSTRY
red within 24 completely filled for 2 should examine the condition of the	14 8	THER'S NAME MODLE	JORDON JORDON	YES NO DIS. MOTHER'S MAIDEN NAM	ME MIDDLE	Caster
BALTIMORE cote be execu vysician and c sopers. Pages oval.		VAS DECEASED EVER IN U.S. ARMED F VES, NO OR UNKNOWN) (IF YES, GIVE WAR O VEST OF DEATH Enter only and PART I, DEATH WAS CAUSED BY:	320-07-5781A	315 INGLE	SIDE AVEN	FOREST UCHAVEN NUSS HM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., equires that the death certifin signed by the attending pt. Then please remove carbonp tro burial, cremation, or remainiury, or other traumatic ever	NOI	Conditions, if ony, which gave rise to immediate cause in stating the underlying cause last	USE (0)	A d	eno ca)	ON GIVEN IN PART 1(a
VITAL RECORDS, N: The low requirysicon. cate has been signonst permit. There Hygiene prior to be 88 shows ony injury	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 2	96 CONDITION FOR WHICH OPERATION 16. TIME OF INJURY			S. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO THE NO THE NEW TO SHARE TO S
DIVISION OF VIT NG PHYSICIAN: of the this certificate of the bornol from the and Mental Hygorked or frem 18 s	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 2	HOUR A.M. MONTH DAY YEAR P.M. 19 18 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDD by the hospitol or y the hospitol or AAL DIRECTOR. A delached for use note Dept. of Heal UT: If them 21 is m		22a.1 certify that (1) (this haspital) of sow the deceased alive an above, (1) (we) (did) (did nat) view 22b. SIGNATURE	the bady after death.	ATTENDING PHYSICIAN	death occurred an the date a	19—7, that (f) (we) lost and hour and from the couses stated 22c. DATE SIGNED 10 , 18- 29
TO HOSPITAL retoined by the TO FUVERAL I should be detained with the Store IMPORTANT. II	23a E	228. PHYSICIAN'S NAME (TYPE OR PRINT) ARE CT. SURIAL, CREMATION, REMOVAL 23b	B. BB	22e ADDRESS / ZZO EMETERY OR CREMATORY	Part Je	ght 21208
1702 BP	L '	Burial	10/22/79 Mount	Auburn	Baltimore	
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FI	NERAL DIRECTOR	1300 Futaw Dis		E REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

TO SOPREMENT WELL TO SEE STORY

6	16	1	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 7. 9	2 3 9 9 6
3	(B.H.)	1 00	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
7	" (IAI)		Joseph	I .	Kaehler	October 26	10.1100%
	ge 4 mo. scfor, n	3. SE	Male	White	June 4, DAY 1897	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
	722 hours	70. B		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	
	ofter deceded within	10 C	ITY OR TOWN OF DEATH Lutherville		WIDOWED DIVORCED DIVORCED DIG HOME OR OTHER INSTITUTION ADDRESS)	12¢ USUAL OCCUPATION	re County, MD. 124 KIND OF BUNNESS OF INDUSTRY NO. PRING LIE INDUSTRY NO. P
ND 2120	filled in by ould be file	USU	AL RESIDENCE (IF NURSING HOME OR OTH STATE 131 HOUNTY		E ADMISSION)	130 SIREET ADDRESS 10094 Rt	
ARYLA	withir effely d 2 sh	14. F	THER'S NAME FIRST JOSEPH MID	V. Kaehler	15. MOTHER'S MAIDEN NA/	ME	LAST
AORE, M	ond compl	160. \	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECU	Sarah RITYNO. 17 INFORMANT B	alto., ADDRESS	Md. 21218. 1200 Argonne Dr.
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 2120	quires that the death certifications is great by the attending phen please remove carbonp to buriol, cremotion, or remotive, or other traumotic ever	Z	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE			ON GIVEN IN PART 1(0)
I RECORI	ow re-	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\bigcap \)
OF VITA	PHYSICIAN: The I anding physicion. This certificate has a buriol-transit pe di Mental Hygiene di Mental Hygiene di or Irem 18 shows		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D,	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	
IVISION	ING PHYS r ottendin After this os the bur Ith ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDIN Septrol or CCTOR: Af or use of for use of Health		220.1 certify that (I) (this haspital) sow the deceased alive on above, (I) (we) (did) (did not) v	OET 2012 197	June 4th 1979, ond that in (my) (our) opinion of	to OCK 26	ond hour ond from the couses stated
	OR he ho PIRE rocher		27b. SIGNATURE QU	unn M		MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED .
	TO HOSPITAL TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME (TYPE OR PR	QUINN MD	1205 YORA	RD, Lutho	rulle, to
	BP	(SPECIFY) Rurial	00+ 20 1020	AAME OF CEMETERY OR CREMATORY O- Woodlawn Ceme	23d. LOCATION CITY OR TOWN	timore Md.
	DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	JNERAL DIRECTOR Starling	Funeral Estationess ato	navilla, Md. 21228	etery – Bal erec'd. by registrar 256. T 3 0 1979	L LIILUA E A
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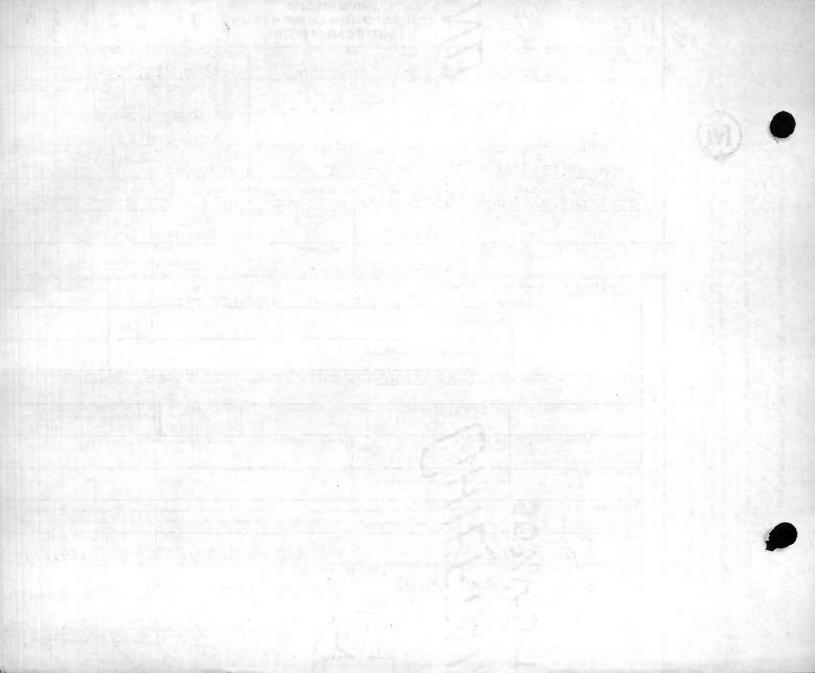


Jean I. Madrian of Middle on 25, 1979 Dias M field Witte Wide 4, 1897 AZ II Catangualin, Na. 1.5.4. Autocontife College Again College Against The Transport College Charles Joseph .. Knenier Seron J. Demine Agene. the emports of the state of the

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4	FOR STAT REGI	E STRAR			ARTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		7 9 REG. N	2	3 9	9 9
. (M)	TYPE OR PRIN	*1	RGARET	WIDDLE		FER	2a 1		10 0	1 79	5:30A
the page	1. SEX	male	4 RACE	ite	5 DATE C	F BIRTH 27° 192		GE (IN YEARS LAST BIR	1	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
oth. Pagi	70 BIRTHPL	ACE (STATE OR FOREIGN	76 CITIZEN OI	S.A.	MARRIE	NEVER MARR	9 B	ALTIMORE CITY OF	_		
s ofter de	TOWS	TOWN OF DEATH	11. NAME OF	HOSPITAL, N	STREET ADDRESS)	LES ST.	ION 12a	USUAL OCCUPAT E OF WORK FOR MOST Housewi	ION DF_WORKING LIF	12h KIND C	MD OF BUSINESS OR
n 24 hour filles in hould be	13a. STATE	d.	LE OR OTHER INSTITUTIO DUNTY	N, GIVE RESIDENCE	BEFORE ADMISSION	13d INSIDE CITY LI	MITS? 13e.	STREET ADDRESS 11304 P	hilad	lelphi	a Rd.
ompletely ompletely 1 ond 2 si exorrine		ederick	WIDDIE	Kl e	ein	15 MOTHER'S MAI		WIDDLE		Hoff	man
be execu		CEASED EVER IN U.S. DRUNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)		8-8996	Russell	Keef	er (hus			addres
e death certificate of the death certificate a cottending physic move corban pape fortan, or removal froumatic event, it	1	741	DIATE CAUSE (0)	FIL I A	STATIC ERUE OF B					SETWEEN	MATE INTERVAL ONSET AND DEATH
ed by the pleose rer rial, crem or other	gave	litions, if any, which rise to immediate e 101, stating the rlying couse lost. 2. OTHER SIGNIFICAN	DUE TO, (c)	OR AS A CONS	SEQUENCE OF	NOT RELATED TO T					
he law require on. hos been sign t permit Then iene prior to bu ows ony injury.	NO	ATE OF OPERATION				NOT RELATED TO T		DISEASE OR CON OR AUTOPSY? ES NO X	20b IF YES	, WERE FINDII YING CAUSES	NGS USED
PHYSICIAN: T ending physici this certificate be burial-transit ad Mental Hygi dar Item 18 sh	OR CO	CCIDENT WAS UNDERLYING INTRIBUTING [] CAUSE OF HER, NOTIFY MEDICAL EXAMI	P DEATH HOUR A	P.M.	DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	
ING PHY: Totherdis After this Os the bu Ith ond M Orked ar	WHILE WHILE			E OF INJURY STREET, FACTORY, C	_	21f. LOCATION STREET	70	CITY OR TO	WN	COUNTY	STATE
spitol or CTOR: A for use of Heoli	16	certify that III (this he me the deceased alive bove (II (ye) (did) (did	on 10-0	e deceased f	79	d that in (my) (our)	opinion death	occurred on the d	ote and have		that (I) (we) lost causes stated
Y the how A RAL DIRECTOR A CORE DEPORT	17h S	Multer	Mu	w	40	ATTEN PHYSI	DING ME	DICAL STA	FF CIAN []	10-0	11-79
TO HOSPITAL or retoined by the TO FUNERAL Is should be detoo with the Store I IMPORTANT: If	J	• ARTURO	FRIDMA	N,M.D.		6701 N.					
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FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

Callvin

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH 2b. HOUR

23 79 10

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County 12a USUAL OCCUPATION INSUDERLINES OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) Fireplace Foreman

13. STREET ADDRESS Nore Rd. 21222 MIDDLE Loeffler

STATE

8101 Shore Road Balto.MD 21222

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SHO

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO YES [NO [

CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STAFF

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial Sacred Ht.of Jesus Baltimore, Baltimore, MD 24. FUNERAL DIRECTOR ofrar's SIGNATURE

7922 Wise Ave. Balto.

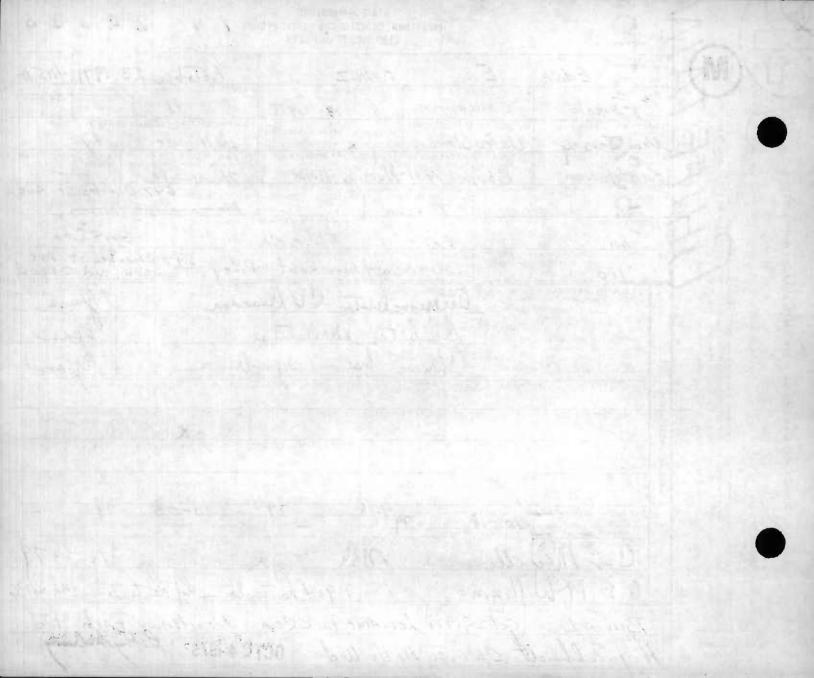
DHMH - 16 50M 1/76 (VR A 15 (4))

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by the filed			Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
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g physici on paper removal.			PART I. DEATH WAS CAUSED	y one couse per line for (o, 1b), m BY: E CAUSE (a)	vende	I a	La Tim	3	APPROXIMATE INTERVAL ET WEEN ONSET AND DEAD
e death ce ottending nove carb otion, or r troumatic			Conditions, if any, which	DUE TO, OR ANA CONSEOU	ENCE OF	Elas	(Jana !		10.10
by the sse rer crem, crem other			gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF	17/1			7
equires the signed Then plece to buriol njury, or		z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN IN P	'ART 1(a)
ny ior	-	¥ H	% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	FORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
he low ion. t perm iene pr	7	CERTIFICATION	THE DATE OF OFERATION	178 CONDITION WHICH	OF ENAMORY WAS TENE	CIMILED	YES NO		AUSES OF DEATH?
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HYSI Iding is ce buri Duri		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCAT	TION			
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ENDING tol or ot OR: After r use os t Health o				al) attended the deceased fram_	7 Jand that in (m		eoth accurred on the da	2 2 , 19 7	, that (I) (we) lost
hospin hospin likeCT ched for dept. of them 2			saw the deceased olive on abave, (I) (we) said) (did no	view the bady after death.	DEGREE	y/ (our) opinion a	accome don me da		DATE/SIGNED /
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56 5438	1	73a B	URIAL, CREMATION, REMOVAL	1 10 la m	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION	COUNTY	STATE
BP			BURIHL	10/25/99	POUND_		CITY OR TOWN		A.
DHMH - 16 50M 7/77 (VR A 15 (4))	1	24. FU	NERAL DIRECTOR	ADDRESS		250. DATE	REC'D. BY REGISTRAR	156. RETSISTRAR'S	GNATURE

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	2	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7 9	2	4 0	0 4
			CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH 0	AY YEAR	2b. HOUR
0 P		(,,,,,	OK / KIIVI)	Mary		Ethel	K	notts		10 - 2	0- 79	8:45p _M
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l'a	300		Pennsylv		U	.S.	WIDOWE		Balt	imore	County	MD.
1	200		TY OR TOWN OF DEA			HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS OR
2	30	1	consville,		Tawes I	Nursing	Center		Housewif		Hom	e
3	to pe	USU/ 13e. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c. CITY OR TO	DRE ADMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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Dug /	800			Unkı	nown				Unknow			VENEL .
ges	nedicol 1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDRI			
0	and a		No			577-40-	9050	Tawes Medica	1 Records,	Catons		
ovol.	素の		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line for (o), (b),	and (c)				BETWEEN	MATE INTERVAL DISET AND DEATH
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o lth	e a	10	22a. I certify that (I)	(this hospit	tal) ottended th	ne deceased from	317	5 19		-15	9 75	that (I) (we) last
+ He	~		sow the decease obove, (I) (we) (76	nd that in (my) (aut) apinion		ate and haur		
t 0 -	E 5	733	obove, (I) (we) (c 22b, SIGNATURE	did) (did na	t) view the body	after death.		DEGREE			22c DATE	CICNIED
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sho	≦	23e E	URIAL, CREMATION,		23b DATE	23	NAME OF	EMETERY OR CREMATORY	23d LOCATION			
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hour Hour	₹a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	MARRIED NEVER MAI	9 P	ALTIMORE CITY OR		
7 und 25		Maryland	U.S.	A. w		RCED []		re County	M
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- Page	14 FA	THER'S NAME	MADDLE	LASI	15. MOTHER'S M	E T	WIDDLE	LA	ST
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medico	16a. W	VAS DECEASED EVER IN U.S. AR (ES. NO ORUNKNOWN) (IF YES. GIV		213-03-389		Son: am H. Ko		Lutherville 13 Charmuth	
ene prior to burial, cremo ws any injury, ar ather t	CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS <u>CON</u>			AED :	20a AUTOPSY? 2	TION GIVEN IN PART 1 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	INGS USED
18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			YEAR 21c HOW INJU		(ENTER NATURE OF INJURY II		
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21 is		22a I certify that (II) this hosp sow the deceased alive or above (II) we) Joid (Old no			2, and that in my (au	19 <mark>77</mark> , ur) opinion deat	to 0 - 22 h occurred on the date	ond hour and from the	tho (1) we) los couses stated
ept.		22b. SIGNATURE	entel	tomw	DEGREE ATT PH'		STAFF	(0)	23-74
□ ±		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS				
		Dr. Robert E	. Stoner	M.D.	714 Y	Tork Roa	d Baltimo	re, Md.	

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FOR

(VR A 15 (4))

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 301

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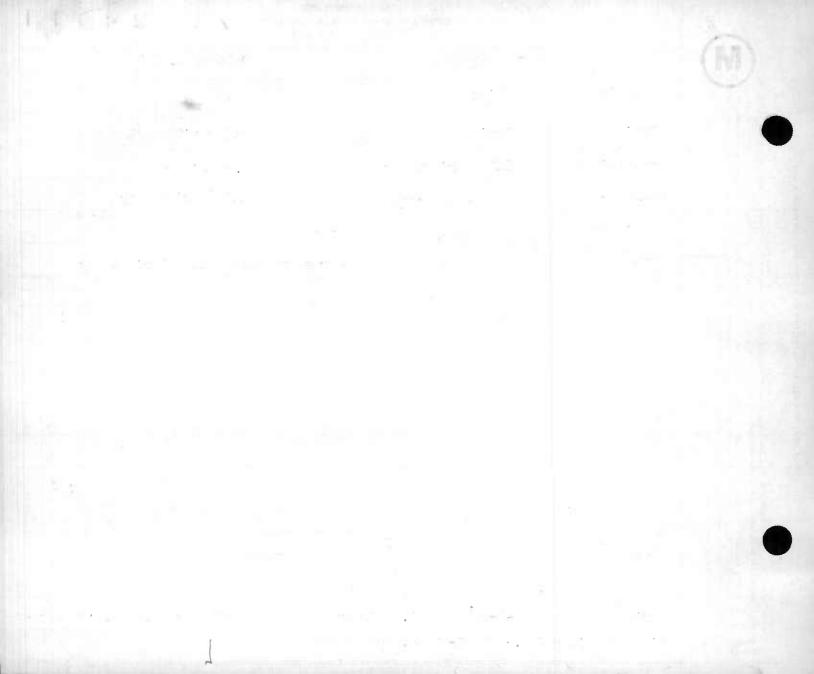
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Ma	ryland	HOME OR OTHER INSTITUTION COUNTY Baltimore	130 Parkvill	e.e	131. INSIDE CITY LIMITS? YES NO 🖰	134. STREET ADDRESS 2500 H	illcrest A	lvenue
		MIDDLE	Winter		Anna	MIDDLE	Ni	gel
lée V	VAS DECEASED EVER IN (ES. NOOLUNKNOWN) (#	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			Raymond E. R			Road
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	OR CONTRIBUTING CAUS	E OF DEATH HOUR A	M. MONTH DAY		216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	RT 2)
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	226. SIGNATURE	i 6 C	· Pci	Ti		MEDICAL STAF DIRECTOR □ PHYSIC		DATE SHOWED 24
	226 PHYSICIAN'S NAME	(TYPE OR PRINT)	PATC	210	22. ADDRESS			
23a B	URIAL, CREMATION, REA				oly Redeemer			Maryland
24 FU Rt	INERAL DIRECTOR 10 TOWSON F	uneral Hom			k Road	1070	SSLINEGISHRAR'S AND	el Bure de
	1 DEG (TYPE 3 SE) 3 SE) 7a. BII 6 CG (CG CE LIE) CATO (CG CG C	1 - STATE REGISTRAR 1 DECEASED NAME CATH (TYPE OR PRINT) 3 SEX FEMALE 70. BIRTHPLACE (STATE OR FOREX CMATY LAND 10 CITY OR TOWN OF DEATH TOWS ON USUAL RESIDENCE (IF NURSING TATT LAND 13 STATE Adam 135 14 FATHER'S NAME Adam 1851 160. WAS DECEASED EVER IN (IF (YES. NOOUNKNOWN) 18 CAUSE OF DEATH (IF PART 1. DEATH WAS. Conditions, if only, with gove rise if only well couse (a), stating underlying couse 1 170 DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALEX 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALEX 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALEX 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS AT WORK 210. I Certify that (I) (the saw the deceased of observe, (I) (we) (did) 212. SIGNATURE 214 FUNERAL DIPECTOR 215 FUNERAL DIPECTOR 216 FUNERAL DIPECTOR 217 FUNERAL DIPECTOR 218 FUNERAL DIPECTOR 219 FUNERAL DIPECTOR	1 - STATE REGISTRAR 1 DECEASED NAME CATHER INE 3 SEX Female 70. BIRTHPLACE (STATE OR FOREIGN CHATTY Land TOWSON 10 CITY OR TOWN OF DEATH TOWSON 10 CITY OR TOWN OF DEATH TOWSON 11 FATHER'S NAME Adam First MATYLAND 12 FATHER'S NAME Adam First 13 STATE 14 FATHER'S NAME Adam First 16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOUNKNOWN) 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) Conditions, if ony, which governown in the part of the	1 DECEASED NAME CATHERINE ENDUE 13 SEX Female 14 RACE 15 CITYPE OR PRINT) 16 CITY OR TOWN OF DEATH TOWS ON USUAL RESIDENCE (# NURSING HOME OR OTHER INSTRUCTION, OWE RESIDENCE REPORE ARE WINTER 16 CITY OR TOWN OF DEATH TOWS ON USUAL RESIDENCE (# NURSING HOME OR OTHER INSTRUCTION, OWE RESIDENCE REPORE ARE WINTER 18 FATHER'S NAME Adam RST MODIE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOU UNKNOWN) 18 FYES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line 16 (to), (b), and in PART I. DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH AT WORK A TWORK A WORK A TWORK A WORK A TWORK 210 PLACE OF INJURY 191 CONDITION FOR WHICH OIL ON THE WHIC	FOR CERTIFIED CERTIFIED CERTIFIED	To Eccased Name CATHER INE REGISTRAR I. DECEASED NAME CATHER INE S. DATE OF BIRTH AND PROPERTY STATE S. DATE OF BIRTH AND PROPERTY STATE S. DATE OF BIRTH DAY SEX Female Ja. BIRTHPLACE (STATE OR FOREIGN) JA. CHIZEN OF WHAT COUNTRY? II. MARRED NEVER MARRIED NEVER MARRIED DIVORCED III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. MARRIED NO PER INSTITUTION III. MARRIED NO P	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH REGISTRAR LORGE ASED DAME CATHER INE PRODUCT PROD



	FOR	Va-ZZA II			E OF MARYLAND		E/ O	0 A	83	1 0
1-	STATE REGISTRAR		MED	CAL EXAMINE	R'S CERTIFICA	ATE OF DEA	TH REG.	. NO.	0	. 0
	CEASED NAME PE OR PRINT)	JOSEPH		REDRICK	KREPPEL	JR	26. DATE KNOWN OF ESTI- DEATH MATED	70	7 19 79	
J. SEX	x ale	RACE S	DATE OF BIRTH MONTH DAY G /26/3	YEAR 6 AGE (IN YEAR LAST BIRTHDAY) MONTHS DAYS H	UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	MONTH	7 19 7S	18 13 H3UR
7a. B	IRTHPLACE (STA		b. CITIZEN OF WHA		MARRIED PREVE	R MARRIED	Baltimore cit		Y OF DEATH	_
4	ITY OR TOWN O	-	(IF NOT IN SUCH FACI	TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) OO Elsing 1	OR OTHER INSTITUTION	ON 12a USI	JAL OCCUPATION MOST OF WORKING LIFE)		12b KIND OF OR INDU	STRY
USU		IF IN NURSING HOME OR O	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO 13c, CITY OR TOWN	13d. INSIDE CITY		EET ADDRESS OO CHER	104 15		
14. F	ATHER'S NAME FIRST	PH KI	MIDDLE REPPEL	LAST	15. MOTHER'	SMAIDEN NAME			LAST	
16a \	WAS DECEASED YES, NO, OR UNKNOW	EVER IN U.S. ARME	D FORCES? AR OR DATES)	166. SOCIAL SECURITY 21764 03	ar . a	en isa	FPFEL	AB	OVE	
	PARTIDE 42 9 Canditian gave risc cause (a) lying caus	s, if any, which e ta immediate stating the <u>under</u> - se last.	BY: CAUSE (a). MYC DUE TO, OR A (b) DUE TO, OR A	ocardial hy s a consequence of s a consequence o	F	φ			BETWEEN ON	IATE INTERVAL 4SET AND DEATH
NOI					VAL DISEASE DR (DNDITION G					
CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPERA	ITION WAS PERFORMI	ED?			20. AUTOPS	
	210 EXTERNA UNDERLYING CONTRIBUTION			NJURY MONTH DAY YEAR 19	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	T 2)	
MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE OF STREET, FACTO		21f. LOCATION STREET		CITY OR TOWN	cou	NTY	STATE
		y that I taak charge od frams Natural	[V]	Accident , Suid	ide . Homicid TITLE (SPE M.D. ASSI			and in my api , DATE SIGNED	30 B	- 79
23a. F	(TYPE OR PRIN	ION, REMOVAL 23h	DATE	123c NAME OF CEM	ADDRESSADDRESS	Y 23d LC	DCATION OR TOWN	COUN	TY	STATE
,	BU	RIAI	10/10/20	GARDE	NS OF FA	17-4	BALTO		.0	

en I. MARINE PARTY BUTTON

97	3 SE)	MALLIA	IRIA KI	SAMOTAB	L	ST	20 DATE OF DEATH	MONTH Q 70	YEAR	2b. HOL
notified of once.	7a. BII	Female		10 10 /	WOL	AP		101	79	7
notified of one		F	RACE Whit	ce	S. DATE O	F BIRTH DAY YEAR 30 05	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	# UNDE
00		Maraine	Ukraj	ne	MARRIED WIDOWE	NEVER MARRIED	Catonsvi	_ ^	F DEATH	林
20		atonsville		HOSPITAL, NURSING HEACILITY, GWESTREET A ELOTIOGE		R OTHER INSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSTN
(CE3	43a. S	AL RESIDENCE (# NURSING HOME OR TATE 136 COUN Saryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catonsvil	4	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	idge Wa	у	
030	I4 FA	THER'S NAME ZINOWY	DOOLE I	Tedoboy		Anna Anna	ME		LAST	
The medico	Ióa W (Y	VAS DECEASED EVER IN U.S. ARA (15 YES, GIVE	AED FORCES? WAR OR DATES)	209 - 26 -		17 INFORMANT George Kry	wolap 221	ss Eldrid	ge Way	
injury, ar ather traumatic	NC	Conditions, if any, which gove rise to immediate couse to, stating the underlying couse last	(b) DUE TO, OI		NCE OF	*	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	
shows ony	CERTIFICATION	190 DATE OF OPERATION			DPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES C	
ked or Item 18 shows any in	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAI (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.	M. MONTH DA M. DEINJURY	19	21t HOW INJURY OCCUR				
If Item 21 is mor	W	WHILE NOT WHILE DAT WORK 22a. I certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	ol) attended the SEPT	26 197	MA(d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth accurred on the de	56 , 19.		IGNED
IMPORTANT: If them	23e. B	224. PHYSICIAN'S NAME (TYPE OR MO HAM MAD URIAL, CREMATION, REMOVAL		AY ATUL		22. ADDRESS 333 ST. METERY OR CREMATORY	PAUL ST	REET,	BALT	O



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The state of the s			3 - 1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

2b. HOUR

2a. DATE OF DEATH

FOR

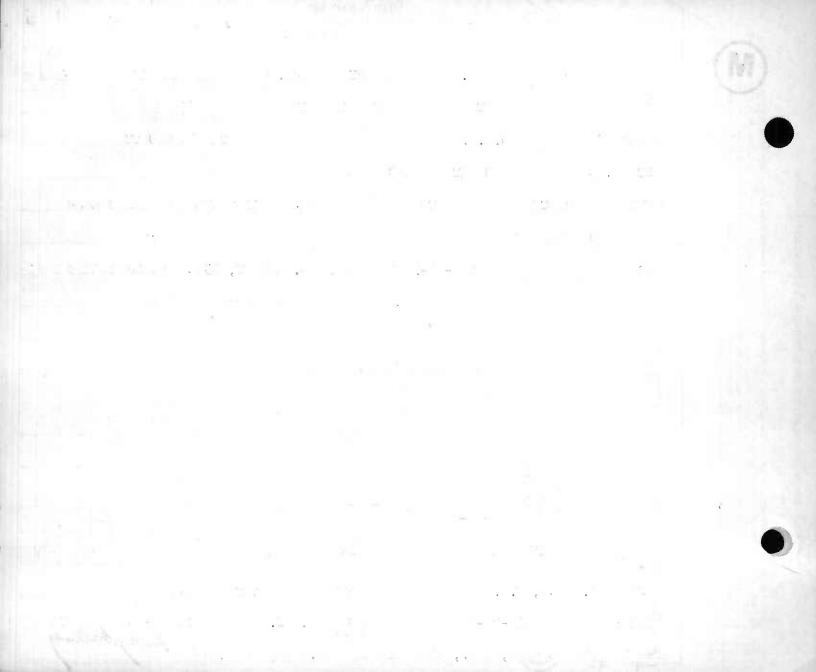
REGISTRAR

DECEASED NAME

- STATE

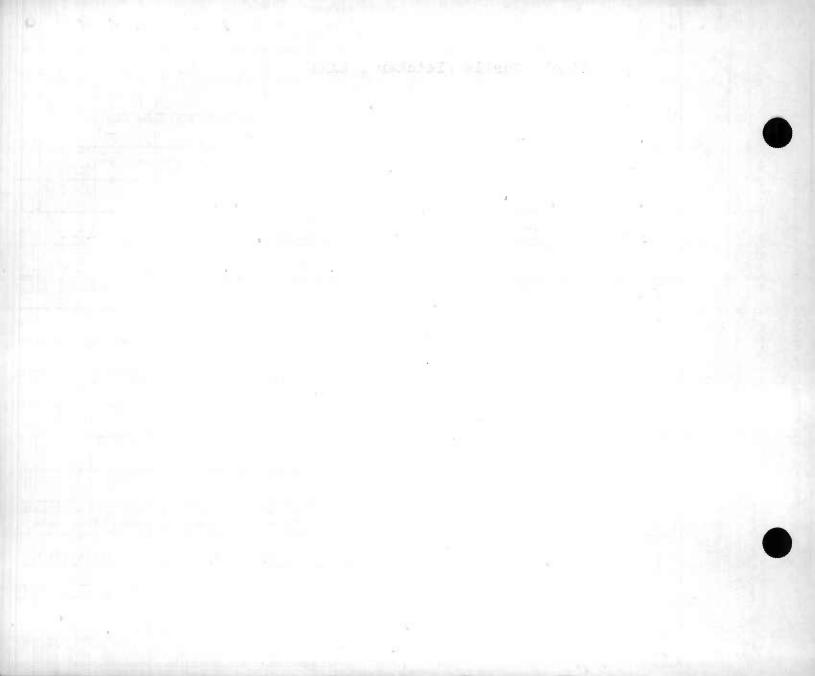
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15	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MAI RENT OF HEALTH A CERTIFICATE (ND MENTAL		7 9 REG. NO	2	4 () 5
1		CEASED NAME FIRST		WIDDLE	LAST		2e. I	DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR
		EDWA	ARD	A	LANDRY	S	R.		10 16	79	7:058
	3. SE	х	4 RACE		5. DATE OF BIRTH	AY YEAR		GE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		MALE	WHI	TE	05 1		- 1	66			110010
56	7a. B	RTHPLACE ISTATE OR FOREIGN OUNTRY) LOUISIANA		WHAT COUNTRY?	MARRIED W NE	VER MARRIED		altimore city <u>o</u> BA LT IMORE	7		M
0.	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST O		126. KIND C	OF BUSINESS OF
70	L	CATONSVILLE		MMIT NURS				BELL MAN			
35	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO MARYLAND BA]	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 130. CITY OR TOW ARBUTUS	N 136. INSI YES [94	1	STREET ADDRESS	IUR SPR	ING RO	OAD
22/2/	14. F/	ATHER'S NAME FIRST UNK	MIDDLE NOWN	LAST	15. MOT	HER'S MAIDE		U N K N O	WN	LA	ST
the medicol		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 216-03-3				ADDRE RY, 1540	SS	R SPR	ING ROAL
18 shaws ony injury, ar other troumotic	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (o1, stating the underlying cause last. PART 2 OTHER SIGNIFICAN Diabetes 19a DATE OF OPERATION	t conditions <u>c</u>	1			2	DISEASE OR CONI	206. IF YES, V	WERE FINDI	
Mem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY .M. MONTH DA		W INJURY O	CCURRED	(ENTER NATURE OF INJUR	IY IN ITEM 18, PART	T I OR PART 2)	
morked of a	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	211 LOC	ATION	5 0	CITY OR TOW	/N	COUNTY	STATE
21 15		22a.‡ certify that (1) (this ha sow the deceased olive abave, (1) (we) (did) (did	on	-/5- 19	10-15- 79_, and that in	, 19 (my) (our) op	79, pinion death	ta	0-79, 19 ate and haur c	and from the	
ZT. # Bem		226. SIGNATURE	3 /	Eme	M Z		ING AM	€DICAL STAI RECTOR ☐ PHYSIC	FE IAN 🗌		0-10-79
MPORTANT 1		224 PHYSICIAN'S NAME (TYP			22e AD						
<u>¥</u>	22-	JAMES E. ROL		120				LTH AVENU	Е		
		BURIAL	23b. DATE 10-20		AME OF CEMETERY	MEM.	PK.	E LKR I DGE	HOW	ARD N	STATE MARYLAND
20M) 7/78		UNERAL DIRECTOR NAME UBBARD FUNERA	L HOME, I	INC., 4107	212 WILKENS	49	OCT	1 9 1979	256 110 514	my free	Olivery



	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	6.	4 0	
	I. DE	CEASED NAME	FIRST		MIDOLE		AST		MONTH DAY	YEAR	2b. HOUR
4		JANCE!	thel	Cust	is Fleto	chen	THLANE	10 /4	179		10 A
è WI	3. SE	(4	RACE		5 DATE C		& AGE I IN YEARS LAST BIRTI		INDER I YEAR	IF UNDER 24 HR
2 0 0 0	1	remale		White		Dec. 26, 1880		98 _{YRS} **		MONTHS DAYS HOURS	
Pod de	7a. B!	RTHPLACE (STATE OR FOR	EIGN 7b.		WHAT COUNTRY?	8 MARRIE	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY		Y OF DEATH	
deon 7		Ta.				WIDOWED DIVORCED		BALTIMORE CO		Ponus	
s offer by the filled with	1	TY OR TOWN OF DEAT	Н []]	Manor Care Nu		ADDRESS)	rotherinstitution ag Home	TYPE OF WORK FOR MOST OF HOUSE W.		176 KIND OF BUSINESS INDUSTRY HOME	
in 24 hour ly filled in I should be for must be	130. 5	AL RESIDENCE (IF NURSIN	St. Ma	ry s	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Valley	Lee	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
E 50 F	14. FA	THER'S NAME					IS. MOTHER'S MAIDEN NAM			6.	-
and work	1	John	Ri	ley	Fletc	her	Rosella	WIDDLE		Wall	ker
= 0 - 323-		AS DECEASED EVER IN	U.S. ARME	D FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	ss 3601	Gree	enwall
e execu	0	NO OR UNKNOWN]	(IF YES, GIVE W.	AR OR DATES			Mrs. Virgini				
physicion physicion npopers. movol		IS CAUSE OF DEATH	Enter only	one couse ner	line for (a) (b) one	dier:	0.		0 /		MATE INTERVAL
s that the death certificated by the ottending physicaless remove corban paperiol, cremotion, or removal or other traumatic event, to		4797	MMEDIATE		R AS A CONSEQUE	180	HRREST				
then the control of t		Conditions, if ony,	which	(ib)		- UT					
the o		gave rise to imme cause to, stating		DUE TO OF	R AS A CONSEQUE	NCE OF					
thot by sose oil, cr		underlying cause	lost	[c]_	CBS						
equires n signed Then pla r to burn mjury, o	N N	PART 2 OTHER SIGNI	FICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN	IN PART 16)1
ov c mit prior	CERTIFICATION	19a DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, W	ERE FINDIN	IGS USED
hysicion.	E							YES NO	YES [NO 🗌
7 x 2 x x x x x x x x x x x x x x x x x		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL LIF EITHER, NOTIFY MEDICAL	USE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)	
CIAN g phy g phy iol-tro iol-tro intol h											
hysician T nding physici his certificate buriol-transi d Aentol Hygi	<u> </u>	21d. INJURY OCCURRE	_		OF INJURY	ARA STC I	211 LOCATION	CITY OF TOW	N	COUNTY	27 476
G PHYSICIA ottending p er this certif s the buriol-i ond Mentol	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E 🗆		OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC. J		CITY OR TOW	N	COUNTY	STATE
DING PHYSICIA or outending p After this certifuse os the buriol- icith and Mentol marked or flem	MEDI	WHILE NOT WHIL		(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC. J		CITY OR TOW	N 19.		
TENDING PHYSICIA pitol or ottending p FOOD After this certain for use as the buriol- of Health and Mental of Is marked or frem	MEDI	WHILE NOT WHILL AT WORK 22e I certify that (1) (1) saw the deceased	his hospital	(AT HOME, STR	e deceased from		STREET		. 19.		that (I) (we) la
TENDING PHYSICIA pitol or ottending p proof or ottending p proof or otten certification of the buriol- of Health and Mental 21 is marked or frem	MEDI	WHILE NOT WHILE AT WORK 22a certify that (1) (1)	his hospital	(AT HOME, STR	e deceased from	, an	sireet	, to leath accurred on the da	te and hour an		that (I) (we) la
A ATTENDING PHYSICIA hospital or attending p pIRECTOR. After this certil hed for use as the burial- bept, of Health and Arental frem 21 is marked or frem	MEDI	WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (to saw the deceased above, (I) (we) (dic	his hospital	(AT HOME, STR	e deceased from	, an	sireet	, to leath accurred on the da	te and hour an	d from the	that (I) (we) la
Assistant of the property of t	MEDI	WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (to saw the deceased above, (I) (we) (dic	this hospital lalive on di (did not) v	(AT HOME, STR	e deceased from	, an	sireet		te and hour an	d from the	that (I) (we) la
TENDING PHYSICIA hospitol or ottending p hospitol or ottending p piRECOR. After this certif thed for use as the burial- bept, of Health and Mental flem 21 is marked or frem	MEDI	WHILE AT WORK 22a I certify that (I) (t saw the deceased above, (I) (we) (die 22b. SIGNATURE	his hospital alive on al (did not) v	(AT HOME, STR	e deceased from	, an	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and hour on	od from the	that (I) (we) lacauses stated SIGNED
Cor ATTENDING PHYSICIA the hospital or ottending p DIRECTOR: After this certifiached for use as the buriol- oched for use as the buriol- Dept. of Health and Mental	23o. E	WHILE NOT WHILE AT WORK 22e I certify that (I) (t saw the deceosed above, (I) (we) (dic 22b. SIGNATURE 22d. PHYSICIAN'S NAM	his hospital alive on d) (did not) v AE_MPE OR PR	(AT HOME, STR	e deceosed from	MD .on	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	te and hour or	d from the	that (I) (we) lo couses stated SIGNED
TENDING PHYSICIA hospitol or ottending p hospitol or ottending p piRECOR. After this certif thed for use as the burial- bept, of Health and Mental flem 21 is marked or frem	23o. E	WHILE AT WORK 22e I certify that (I) (F sow the deceosed obove, (I) (we) (dic 22b, SIGNATURE) 22d, PHYSICIAN'S NAM	his hospital alive on d) (did not) v AE_MPE OR PR	(AT HOME, STR) attended the	e deceosed from	MD TAME OF C	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	te and hour or	22c DATE	that (I) (we) locauses stated SIGNED

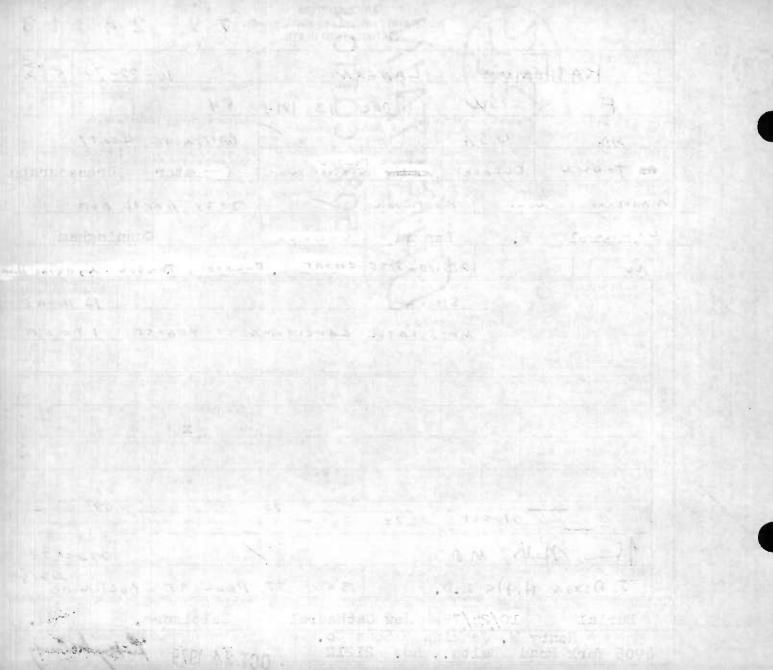
STATE OF MARYLAND . .



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

A THE RESERVE OF THE PROPERTY OF THE PARTY O ROSS VILLE FRANKLING SK. HEJP COLLEGE DEVELORE MET BALLE ESSEX OF SITEMERS FOR TO 2308 WW. II 256 63 3897 HWEEZH KANE I WW. GERRAL 11/3/24 THE FEAT BALLES THE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 771 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	FOR
1	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR					ATE OF D		RI	G. NO.				
	DECEASED NAME	FIRST	,	MIDDLE	LAS			20 DATE OF DEA		DA	Y YEAR	2b. HO	UR
(1)	TPE OR PRINT)	John	Н	erbert	Last	ner		Octobe	r 19	197	9	0.1	5P M
3 S	SEX	- 1	RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS L		1F	FUNDER I YEAR	IF UNOE	R 24 HRS
	Male	0.00	Whit	e	Jan.	31	1905	74	YI	RS.	DAYS	HOURS	MIN.
70.	BIRTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 AAAAAAAA	□ NEVER M	AAPPIED (X)	9 BALTIMORE			OF DEATH		
	Baltimore		US.	A	WIDOWED		ORCED	Baltim	ore Co	unt	v		MI
10	Baltimore		(IF NOT IN SUC St.	HOSPITAL, NURSIN H FACILITY, GIVE STREET, Martin's	G HOME OR ADDRESS) Home	OTHER INST	ITUTION	12a USUAL OCC (TYPE OF WORK FOR Warehou	UPATION MOST OF WORKIE	NG LIFE)	12b. KIND (IESS OF
	UAL RESIDENCE (IF NUR STATE Md	136 COUNT Balti	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N 1	3d. INSIDE CI YES []	ITY LIMITS?	13e. STREET ADDI		Dri	ive		
14.1	John	Henr	y Las	tner		F	MAIDEN NA/ herine	ME MIC	DLE		etting		
160	(YES, NO ORUNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SECU 218-10-		7 INFORMAI Sr. Ca	NT therin		DDRESS	_Ch.c	oice I	ane	
	Conditions, if any gove rise to im-	mediote	DUE TO, OI	R AS A CONSEQUE	NCE OF	eyend	aten	nd.			1	54	2
CATION	gove rise to im- cause (a), statii underlying couse	mediate ng the last. NIFICANT CO	DUE TO, OI	R AS A CONSEQUE	ENCE OF			INAL DISEASE OR	20b. II	F YES,	WERE FIND!	NGS USI	
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DHMH - 16 50M 7/77 (VR A 15 (4))

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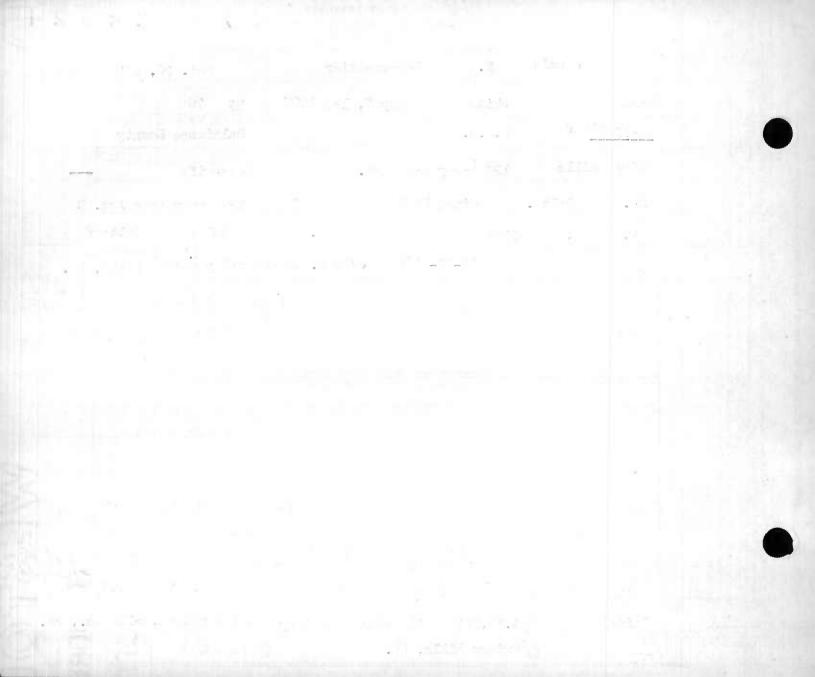
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(Pa)		CEASED NAME FIRST FOR PRINT) Freder	ick Will	iam La	yfield	20. DATE KN OF E DEATH M	OWNER MONTH	7 ₁₉	79 Zb. HOUR
	3. SEX		S. DATE OF BIRTH MONTH DAY 11/26/52	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE PRONOUNCE DEAD	MONTH 10	7 ₁₀	79 a.
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21201 IF ANY DE AND 3 T SHOULD B SHOULD B	13e. S	AL RESIDENCE (IF IN NURSING HOME TATE 136, COUN	ITY 13c. CIT	e BEFORE ADMISSION) Y OR TOWN Ltimore	13d. INSIDE CITY LIMITS? YES X NO				
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TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE,		(TYPE OR PRINT)	mez R. Guard,		ADDRESS	nn Street,	Baltimo	re, MI)
633BP	(3	URIAL, CREMATION, REMOVAL Burial	10/10/79	NAME OF CEMETERY O Baltimore	Cemetery	Baltimo		UNTY	STATE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	Sc	uneral director 3331 hame himunek Fune	Breh ms La. ral Home,In	C.	OCT.		17 .	* Ch	dy

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

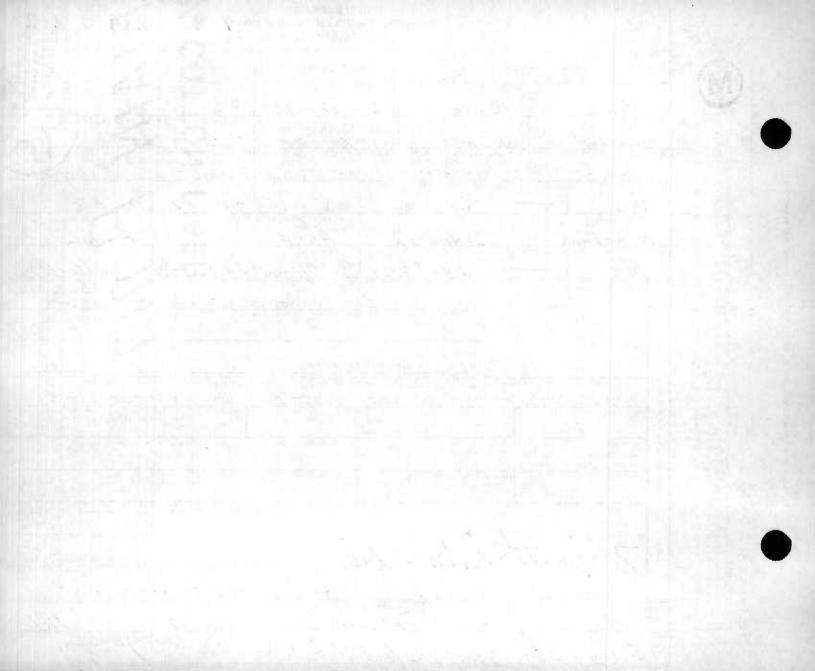
FOR

- STATE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Frederick 10 8 79 9:02A Lehmeyer 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH HOURS TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVERMARRIED COUNTRY) FERMANY WIDOWED DIVORCED T Baltimore County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH EACHLITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greater Baltimore Medical Center DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 130. STATE 13L CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE P 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute necrotizing bronchopneumonia 1 week DUE TO, OR AS A CONSEQUENCE OF week Conditions, if any, which b) Sepsis gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Right ureterolithiasis recent PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 Organic brain syndrome, pulmonary infarcts secondary to pulmonary emboli prior 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [his certificate his burial-transit p Mental Hygie 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 50 21d INJURY OCCURRED 21e. PLACE OF INJURY ond o CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE AT WORK AT WORK 1078 I 074 270 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obave, (I) (we) (did) (did not view the body after death TO FUNERAL DIRECT should be detached for with the State Dept. o 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 1.0 - 9 - 79MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN X 228. PHYSICIAN MAME (TYPE OF PENT) 2e ADDRESS 6701 N. Charles St. Towson, Md. 21204 Margaret L. Dobson, M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

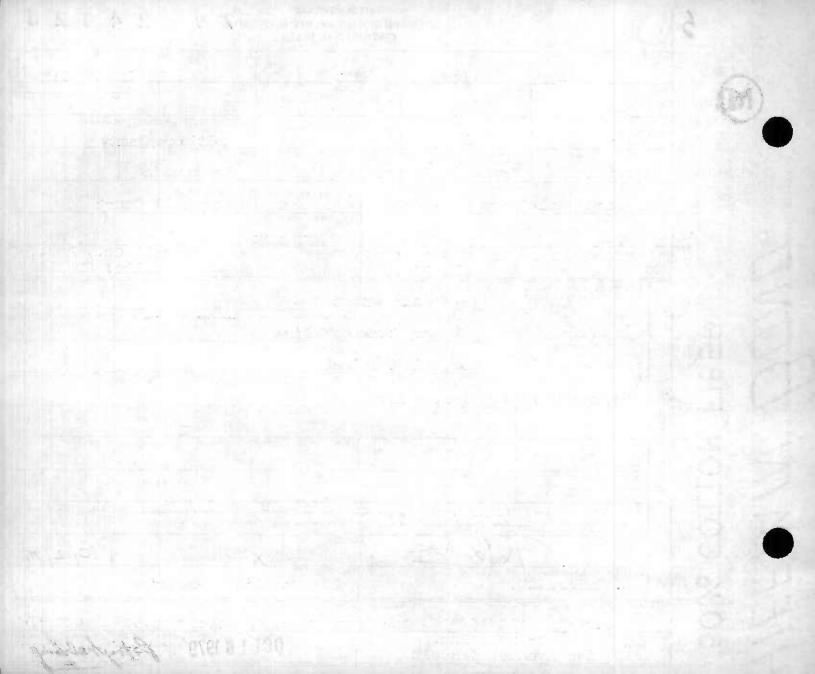
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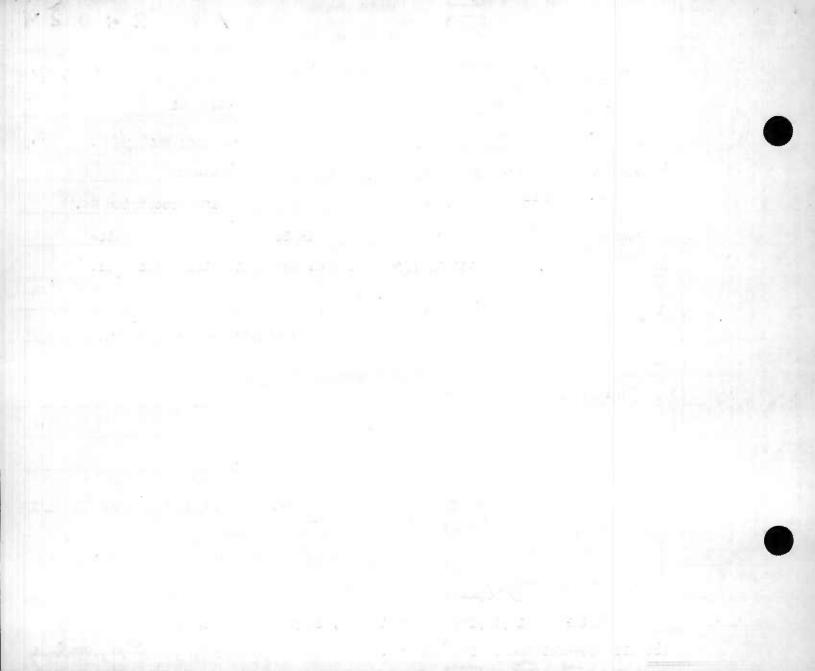


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7	9	2	4	0	2	3
CERTIFICATE OF DEATH		250 110					

-	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.				
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	3. SE.			4 RACE		5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST BIR	THDAY)		DER I YEAR	IF UNDER	24 HRS
	Fe	emale		Whi	te	5 MONTH	1 4 1893	8	6	YRS	MONTH	DAYS	HOURS	MIN
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17		inland		Fin	land	WIDOWE	D NEVER MARRIED [Baltimo	re C	ount	77		MD.
-		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. US	UAL OCCUPAT	ION	12	b. KIND C	OF BUSINE	
5%		ossville		Frank		are	Hospital		Housew		3 LIFE) IN	NDUSTRY		
25	13a S	al residence (if nur State aryland	13b COU	inore	13c. CITY OR TOW Roseda	N	136 INSIDE CITY LIMITS? YES NO 🔀		REET ADDRESS Fernse	11 (Cour	ct		
	14 FA	ATHER'S NAME	1.16	MIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME	MIDDLE		119	LA	ST	
030		John		Model	Suomin	en	Alexand	ra	MIDDLE				31	
1		WAS DECEASED EVER		MED FORCES?	2753CIO 9CL	4045	17 INFORMANT		4 Ferri	sel.	L Ct	. ,	Apt.	3-C
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		PART I. DEATH V	WAS CAUSE		Respirato		rest							
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		Underlying causi	e 1051	((c) L	eep vein	thron	nbosis							
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		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATOR	Y 23d.	LOCATION CITY OR TOWN		COUN	VTY	ST	ATE
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	24. F	UNERAL DIRECTOR	Duda-	Ruck,	Inc				BY REGISTRAR					
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DHMH - 16 50M 1/76 (VR A 15 (4))





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TYPE OR PRINTS

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR DECEASED NAME

FIRST

Campbell same as # 13 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 10/18/79 Baltimore, Maryland Burial STATE 10-20-79 Loudon Park Cemetery Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. RESTRAR'S SIGNAT RE 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

26. HOUR

HOURS

126 KIND OF BUSINESS OR

Own Home

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS

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193		CEASED NAME OR PRINT)	FIRST	-	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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VI)	3. SE.	Female		White	e	MONT	DF BIRTH DAY 1913	6. AGE (IN YEARS LAST BIR	N	ONTHS DAYS	HOURS MIN
hou hou	70 BI	RTHPLACE STATE ORF	OREIGN	76. CITIZEN OF		VIRY? 8	X	9. BALTIMORE CITY O	YRS. OR COUNTY	OF DEATH	
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ampletely and 2 sh		THER'S NAME Antonio	٨	MIDDLE	Ser	io	15 MOTHER'S MAIDEN N Rose			lminsa	C.F.
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TO FUNE should be with the SIMPORTA	23- 0	URIAL, CREMATION,		P. Dizo	ni, M.1		EMETERY OR CREMATORY	Road Towson	MD	1204	
	230. 6	Buria		10/1F	179	Woodla	wn Cemeter	Woodla W	n Bai	fim or	e CO. M

Martin D. Lawson, 10 W. Padonia Road, Tim.

FOR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

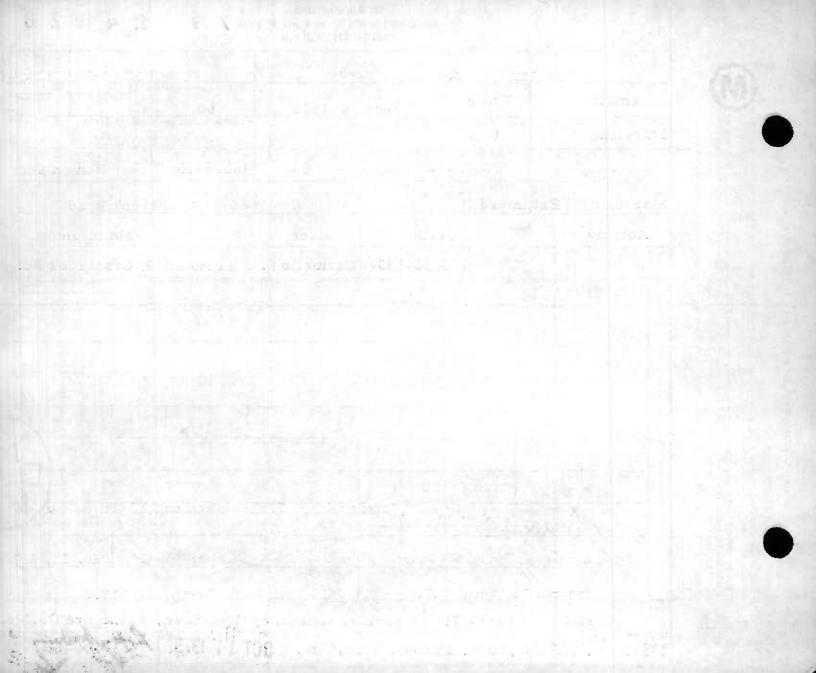
CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR Homemaker

Oct. 12, 1979

Itimore Co, Md.

8:20am



		Ĺ	FOR • STATE REGISTRAR		DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	REG. NO	4029
. Tot			CEASED NAME FIRST	WIODLE		AST	16. DATE OF DEATH	YEAR 26 HOUR
dege by br			Nell:			bridge	10 20	277 1 6
1 11		3 SE	X	4 RACE	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HE
8			emale	White	11	20 12	66 YRS	
\$ (\$%/\\$	20	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
9	10		ova Scotia	USA	WIDOWE		Baltimore Cour	
fer die	-	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS
by the	27		ossville	Franklin	Square I	Hospital	Housewife	Homemakin
filled in rould be	35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Balt	ITY 113, CITY	OR TOWN Llerton	13d Inside City Limits Yes \(\text{NO } \text{X}	? 13. STREET ADDRESS 8219 Belair R	oad #64
vithii etely 12 st		14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST
ond ond	230		Edward		ortune	Mary	Jane	Almon
e execut n and ca Pages 1		160 V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Pog.		ì	No		-22-6361	James E.	Lillibridge 821	9 Belair Re
requires that the deot in signed by the otter. Then please remove or ir to buriot, cremation, injury, or other troum		NOI	gave rise to immediate cause (a), stofing the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ONSEQUENCE OF		Cancer of Lunc	
The law reicion. Te hos been sit permit ligiene prior shows ony in	2	CERTIFICATION	190. DATE OF OPERATION		R WHICH OPERATION		YES NO YES	
IYSICIAN: The ding physicio s certificate It buriol-tronsit Mentol Hygie or frem 18 sho	9	_	2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
DING PHYS or attendir After this cas the bu olth and Mi		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
he hospitol he hospitol DIRECTOR: Coched for us bed for us Dept. of He			22a.1 certify that H) (this hospil saw the deceased alive on obove. X (we) (did) X X X 22b. SIGNATURE	tall offended the decease October 2 view the body after dec	19 <u>79</u> , on	d that in (X) (our) opini	on deoth occurred an the dote and hour	979, that (I) (we) ond from the couses stated 12c. DATE SIGNED 10/20/79
ro Hospital. etoined by the TO FUNERAL should be deto with the State I	1		22d. PHYSICIAN'S NAME (TYPE OF	VE		FSH-F	THANKLIN SCUME	
BP		Í	Burial, cremation, removal Burial	236. DATE 10/23/79		emetery or cremator ly Redeem	er Baltimore	COUNTY STATE Maryla
DHMH - 16 50M 1/76 (VR A 15 (4))		24. FI	UNERAL DIRECTORY OF	7401 BEE	Taij Rol	250	CT 2 4 1979	my Milling

1817-22-7101 - mrg . . . t 14 184 12 12 - 22-710

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND	
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	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG FIFICATE OF DEATH	REG. N	2 4 0	3 0
	T DECEASED NAME PAST	MIDDLE 4	ISTER.		/24/79	26 HOUR 1-18A M
	1 SEX Mate		TE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) - I YEAR MONTHS DAYS YRS.	HOURS MIN.
Ź	New Jersey	U.S.A. WIDO	RIED X NEVER MARRIED	Baltimo	r COUNTY OF DEATH	MD.
5	Balto Countu	. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore County G	eneral Hospital	Quality Con	r working life; INDUSTRY	
6	USUAL RESIDENCE (IFNURSING HOME OR OT 130. STATE 13b COUNTY Mary Land Balto	13c. CITY OR TOWN	136 INSIDE CITY LIMITS? YES NOXX	127 Allgate	Machine Co. Road 2111	7
3	14 FATHER'S NAME FIRST Herbert Lis	ter		ına DeBi		ST
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) Yes W W	AR OR DATES)	127 Allgate 1	Marie List Road Owings	s Mills, MD.	21117
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if ony, which gove rise to immediate couse (o), stating the	(V) 4/7/ 1 1 / /	chy hung	i è me	hostaris.	XIMATE INTERVAL ONSET AND DEATH
2		NDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE FIND!	NGS USED
7	ZO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Ž1c. HOW INJURY OCCURR	YES NO	YES TO PART 1 OR PART 2)	NO [
7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		AR 9			

If LOCATION STREET 21e. PLACE OF INJURY CITY OR TOWN HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased fro sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the B

22d. PHYSICIAN'S NAME (TYPE OR PRINT) SRINIVAS

10/27/79

ATTENDING PHYSICIAN MEDICAL STAFF 22e. ADDRESS

COUNTY

230. BURIAL, CREMATION, REMOVAL BURIAL

226. SIGNATURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Lake View Mem.

DEGREE

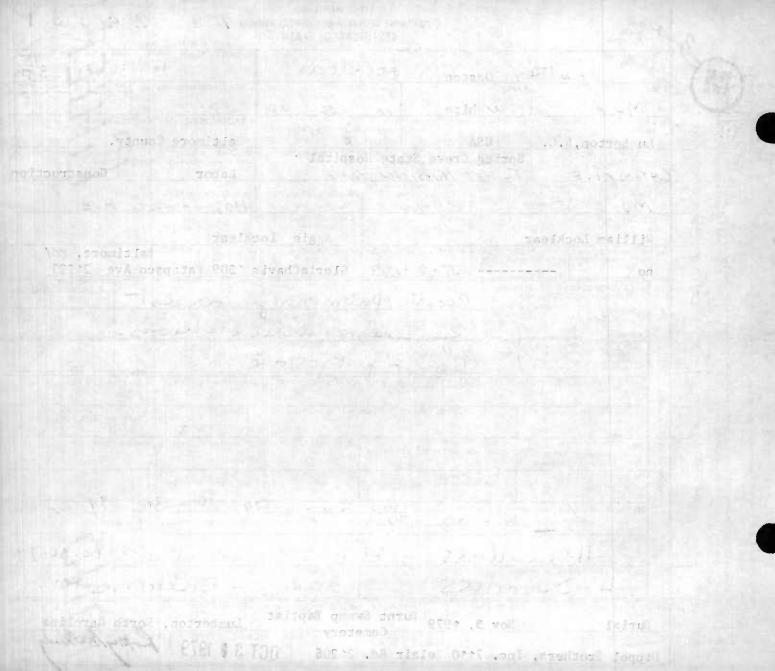
23d. LOCATION

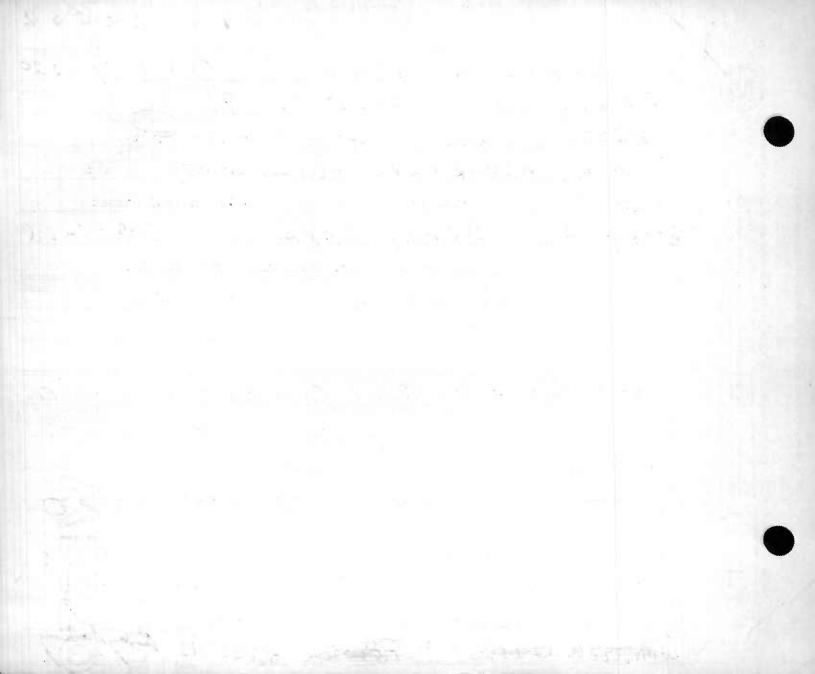
STATE Md.

STATE

24. FUNERAL DIRECTOR Loring Byers Funeral Directors, E.A. 250. DATE REC'D BY REGISTRAR 3728 Liberty Road Randallstown, MD. 21133

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I mace the state of
1	1	- STATE REGISTRAR	DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE / 9 &	4031
	7	DECEASED NAME FIRST	MIDDLE CORPOR	Loc	klear	20. DATE OF DEATH MONTH	30 - 79 3 B
\$ (DAI)	1	SEX	1 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		MALE	White	MONIH	20 98	P/ YRS.	MONTHS DAYS HOURS MIN
E 20 8	200	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
And a	0	Lumberton. N.C.	USA	WIDOWE		Baltimore Cour	ntv. MD
1 11 2	2/4	CITY OR TOWN OF DEATH	Spinding CHARLON CHEST			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINESS OR
201	4	ATONSYILLE			OME	Labor	Construction
D 213	2.4	ISUAL RESIDENCE (IF NURSING HOME 30. STATE 13b, CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNITY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
ANI CE	0	MD.	BALTI	MexE	YES NO	1309 PATAPSCO	OHVE
MARYL mplent and 2 a	20	FATHER'S NAME FIRST William Lockle	MIDDLE LAST		Aggie Lo	ocklear	EASY
RE, ecut	7	MAS DECEASED EVER IN U.S.		CURITY NO.	17 INFORMANT		timore, Md/
be ex	1	no	239-26	7 1783	GloriaChavi	s 1309 Patapsco	Ave 21225
BAL1 sote light ysicic ppersonal.		18 CAUSE OF DEATH Enter PART I, DEATH WAS CAU	anly ane cause per line far (a), (b),	and ichi	N		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			ATE CAUSE (0) Cand	io Pu	Imman	y oures!	
ON th ce corb		4409	DUE TO, OR AS A CONSEC	QUENCE OF	- 1 - 0	· colo.	
PRESTON he death c emove carl mation, or r froumation		Conditions, if any, which gove rise to immediate	(b) eyen	erali	sed arte	no schoon	> -
that the base remain oil, cremain rather t		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	OUENCE OF	prosta	E.	
y, o			t conditions <u>contributing t</u>	O DEATH BUT	NOT RELATED TO THE TER	minal disease or condition G	IVEN IN PART 1(a)
ALRECORDS The law requi The been significant. Their The permit. Their The permit to be one prior to be one prior to be	2	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
VITA VITA N. Th Nysicic Icote Icote Hygie Hygie	0	21a. ACCIDENT WAS UNDERLYING		D. WEAD	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
ON OF VIEW SICIAL SINGLES Certification of Mentol Street Singles of Mentol Street Singles of Street Singles Single Singl	7	OR CONTRIBUTING CAUSE OF E		DAY TEAR			
PHYSI ending this of the burner of the first of the dor it the first of the first o		21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF NG PHYSICIA ontending physician os the burial-th th and Mental orked or Item		WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	SIREET	CHIOKIOWN	STATE
a e e e e e e e e e e e e e e e e e e e			spital) attended the deceased fram	Full die	19 - 19 -	79.10 10 - 30.	, 19 , that IT (we) last
R ATTEND haspital a RECTOR: A red for use ept. of Head	-1		on 10 - 30 19		/ / /	death occurred an the date and ha	
OR OR DIRE		22b. SIGNATURE	1 - 0 -	0 0	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
A A A A A A A A A A A A A A A A A A A		-11-gr	wadots	47	. U . PHYSICIAN	DIRECTOR PHYSICIAN	10.30.79
TO HOSPITAL retained by the TO FUNERAL should be det with the Store	/	22d PHYSICIAN'S NAME (TYPI	evadoss		SGHC	- Baltin	ore Hed.
DE 243 37	7	30. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	L NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
9505 BP		Burial	Nov 3, 1979		wamp Baptist	Lumberton, No.	rth Carolina
DHMH - 16 50M 7/77	2	4 FUNERAL DIRECTOR	ADDRESS		etery 250. DA	TE REC'D. BY REGISTRAR	May 1 to Woody
(VR A 15 (4))		Dippel Brothers	, Inc. 7110 Bela	air Rd.	21 205	11 3 1 13/3	/ /





STATE

Burial

DHMH - 16 60M 1/75 (VRA 15 (4))

PROBERTECOR ALTENBURG FUNERAL HOME. INC.

6009 Harford Rd., Balto.0 Md.

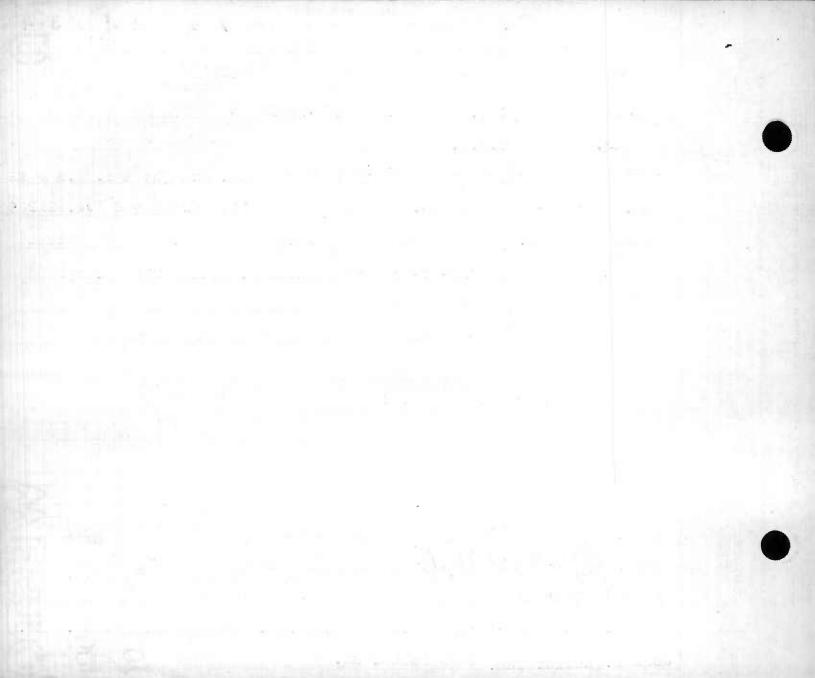
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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n signed by the ottending physician and co Then please remove carbonpopers. Pages 1

requires that the death certificate be

within 24 hours ofter death. Page 4 may be

H		FOR - STATE REGISTRAR				CERTIF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		9 REG. NO.		4	0	3	5
M	I. DE	CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST C. 1.1.		DE DEATH M			YEAR	2h HOL	
			rtha	Long			c Cubbin		ober 17	1	_	0.1.00.0		OP.M
	3. SE			4 RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRTHD	DAY)	MONTHS	DAYS	IF UNDER	MIN.
		Female		Whit		Augus	st 19, 1884	95		YRS.				
2.		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	Y OF DE	ATH		
10		Maryland		U.S		WIDOW	4	Bal	timore	Cou	nty	751		MD.
Ð.	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSING THEACILITY, GIVE STREET A		OR OTHER INSTITUTION		RK FOR MOST OF V		IFE) IND	KIND O USTRY	F BUSIN	ESS OR
2		Towson		Ma	nor Care	Ruxto	on		maker					
	USU.	AL RESIDENCE HE NURS	ING HOME OF		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	113e STREET	ADDRESS					
5		rvland		imore	Towson		YES NO		Charle	es Va	alle	v Cc	urt	
		ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N.							
30		Paul		MIDDLE	Gabriel		Elise		WIDDLE			LAST		
1		WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRES	S		4.1		
4	(,	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215 01 06	E 4	Man / Emmotet M	a aCushh	in 0/20	o ch		a 57-	1100	- 0+
ı	_	No			215-01-06		Mr/Emmett M	accubb	111 0420	U CII	ar re:	APPROXI	MATE INTE	RVAL
1		18 CAUSE OF DEATH PART I, DEATH W	AS CAUSE	D BY	11 aster	4	X.O. II 1	feart	+ 10	0.	BI	ETWEEN C	ONSET AND	DEATH
		111.10	IMMEDIA	TE CAUSE (0)			1 Cusp re	1-11-71	July	M		10	1	/
1		9190	/	DUE TO, O	R AS A CONSEQUE	NCE OP	la la ma	Tea				11	111	
П		Conditions, if ony, gove rise to imm		(b)	7/20	ne	ce merrie	ma	2			1-7	NJ	-
1		couse (0), stotin underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						V		
a				((c)										
	2	PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TEN	WINAL DISE A	SE OR CONDI	ITON GI	VEN IN P	ART 1(o))	
4	CERTIFICATION	10 0 17 0 0 00 00 00 00 00 00 00 00 00 00 00 0	71011	TIAL CONTR	Hene	1	y une	200 AUT	200543	and it ve	ES, WERE	Z SINIDIN	loc use	
3	FICA	190 DATE OF OPERA	ION	TYB COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED		./		IFYING C			
4	RT	own						YES 🗌	NOTY		ES 🗌		NO [
71		210. ACCIDENT WAS UND	bu-		PFINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY	IN ITEM 18,	PART 1 OR 1	PART 2)		
	S) IF EITHER, NOTIFY MEDIC			м.	19				0				100
4	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET		CITY OR TOWN		cou	NTY	s	TATE
1	2	AT WORK AT WO	RK			7.8	14. 51	L /	-4	19	3	9		
1		22a.L certify that (1)	(this hosp	ital) attended th	e deceased from	ec.C.	, 19	, to	21.	1/	. 19 2	1.	that (1) (we) lost
1		sow the decease obove, (1) (we) (c	d olive or	Del.	ottor distrib	17.00	nd that in (my) (our) opinior	deoth occurr	ed on the dote	e and ho	ur ond fr	om the	couses st	oted
1		226. SIGNATURE	1 1	A /	Oner deam.	/1	DEGREE	/			27	DATE	SIGNED	1.
1		Lund	1 1	Paha	where	1	1 D ATTENDING	MEDICAL	STAFF		- /	01	19	199
\exists		22d PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	11-10-0	-	226 ADDRESS	DIRECTOR	- FITTSICIA		1/	1	11	1
				1 6 4			100							1.
-	22			ambers,		LAAAE OF F	100 W. Col	.dsprin						
	230. (BURIAL, CREMATION,	KEMOVAL					CITY	OR TOWN		COUNTY		ST	ATE
		Entombment		10-20	-1979	Lorra	ine Park	TE DECEMBER	Raltimo	ro	VALUE A	M	aryl	and
	24 FI	UNERAL DIRECTOR			ADDRESS -	E0 11-	250. DA	TE REC'D. BY	REGISTRAR 25	200	BAN /	A 4.0	Me Ly	

ADDRESS 1050 York Road

1979

DHMH - 16 50M 7/77 (VR A 15 (4))

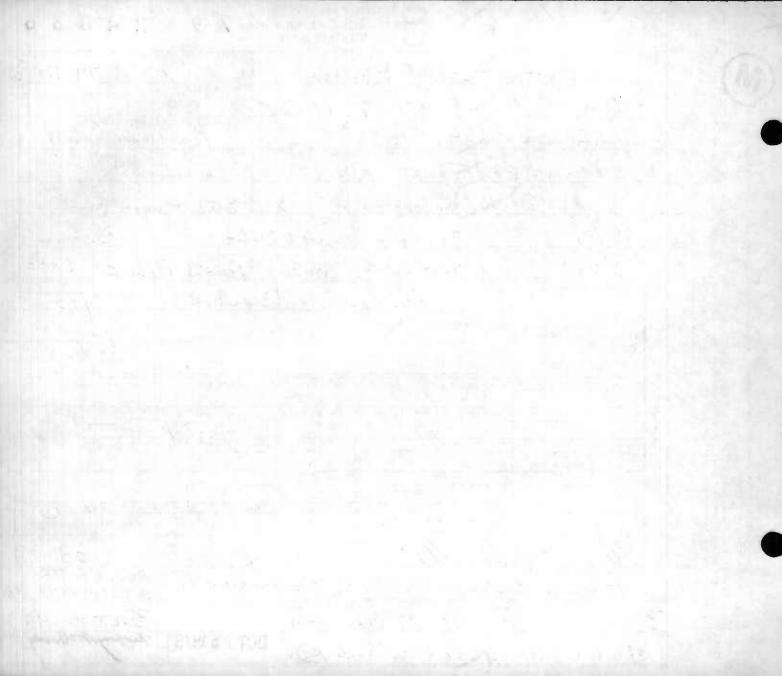
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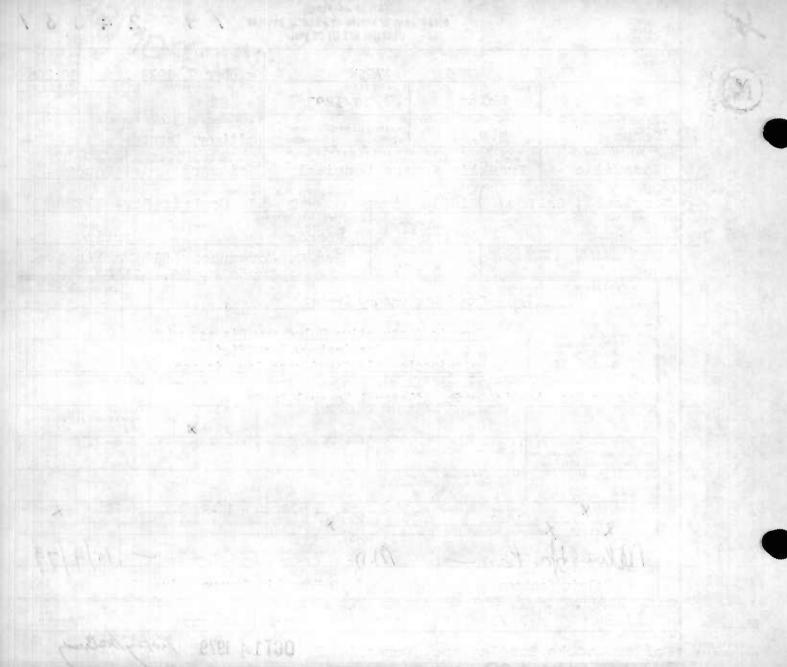
TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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		hymrett	and a	TOW WAY	
		C. L. Isra		120	
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	Augusta Italia				

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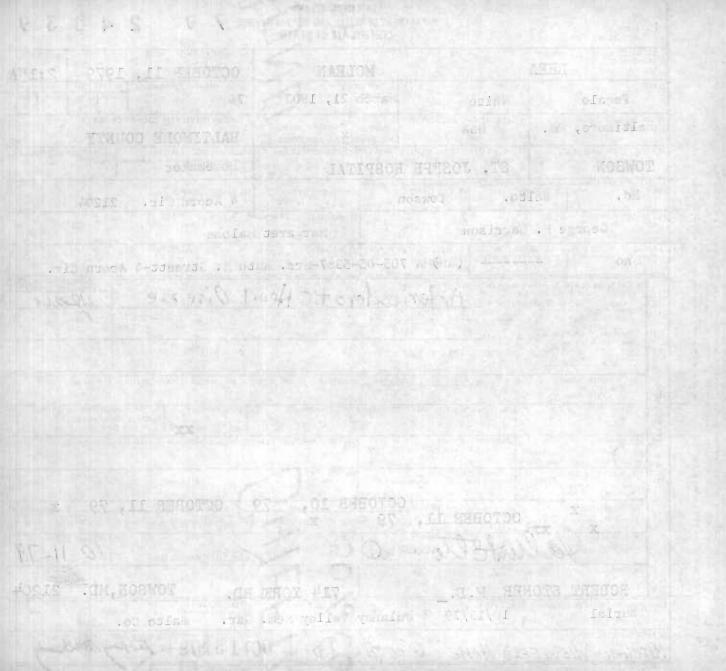
-	,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2	4036
_ 1		STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
M		CEASED NAME BEHT Save Maledei 20 DATE OF DEATH MONTH	11 79 1:45 pm
	3. SE_	Temale Caucusi-n 918 25 54 YRS	IF UNDER 1 YEAR IF UNDER 24 1 MS
deoth. Pruneral strung 12 Mg. 101 once.	As	IRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED OF BALTIMORE CITY OR COUNT OUT OF WIDOWED DIVORCED OF SOLL TIME	re County MD.
the d will	10 9	LY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING A SEC LE FAM SEC LE FAM TO THE OF HOSPITAL OF WORK FOR MOST OF WORKING A SEC LE FAM TO THE OF WORK FOR MOST OF WORKING A SEC LE FAM TO THE OF THE OF WORK FOR MOST OF WORKING A THE OF	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21201 nin 24 hours of ty filled in by th should be filled the filled in by th	130	AL RESIDENCE (IF NOTSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) FTATE 136 DUNTY 137 DIY OR TOWN 137 DISTRICT NOTE 138 STREET ADDRESS AND 139 STREET ADDRESS 130 STREET ADDRESS	t Road
E, MARYLA uthin uted within I and 2 sh		ATHER'S MARIE MIDDLE	Eastward
IMORI n and nedice	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO OF UNIXNOWN) (IF YES, GIVE WAR OR DATES) Y31-522-18) NUSSON CONALD MALE	
		18 CAUSE OF DEATH Enter only one couse per line for 10 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON : a death ce a offending nave corb ration, or r traumatic	1	DUE TO, OR AS A CONSEQUENCE OF	
W. PR		gove rise to immediate cause Ioi, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
requires the right of the right	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1101
VITAL RECOF	CERTIFICATION	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other dring physicion. The bene signed by the rule control of the buriol-tronsit permit. Then pleon the and Mental Hygiene prior to buriol, or ded or them 18 shows ony injury, or conted or them 18 shows ony injury, or contend 18 shows ony injury.		210. ACCIDENT WAS UNDERLYING OF ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	PART 1 OR PART 2)
DIVISION BING PHY or offendin After this e os the bu	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK NOT W	COUNTY STATE
ATENDI or spitol or for use of Heol		270.1 certify that (1) this hospital) attended the deceased from	
DR hep		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10-11-79
TO HOSPITAL of retoined by the TO FUNERAL should be detoined by the State Elimpoor Management of the State Elimpoor Total State Elimpoo		1226 PHYRICIAN'S NAME (TYPE OR PRINT) HUAS SOAKET 218 WASHINGTON HTS, ME 218 WASHINGTON HTS, ME	ESTMINSTER, MD.
BP	230.	BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION CITY OR TOWN BOOK ST. CHAS CEM.	fito co. MD.
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FI	WEWELL F.H. 1100 REISTERS TOWN RD. 250. DOTORED BY RIGHT 250. REGIS	19675 18 Wallrady



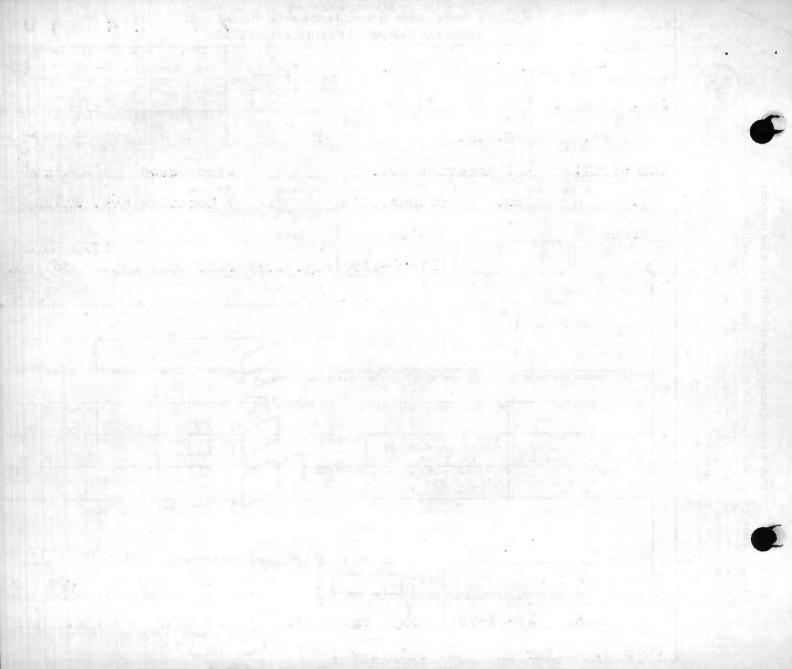


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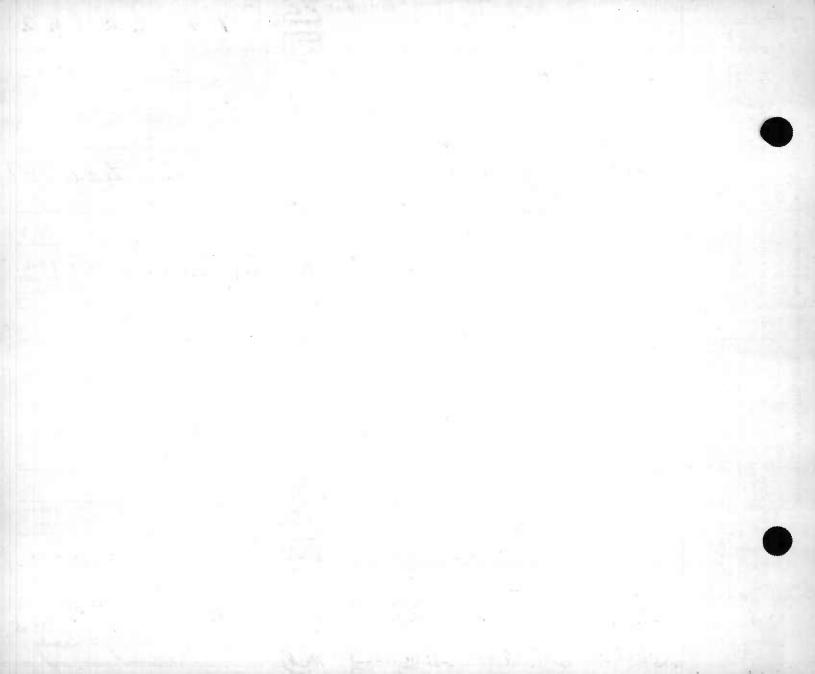


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10	11-	FOR STATE		DEPARTMENT OF HEAL		1 7	24040	
		REGISTRAR	MI	DICAL EXAMINER'S		OF DEATH REG. N	10.	
		CEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOL	JR.
		1+RL	IEN ELI	ZABETH /	nockEL	DEATH MATED	010-8197957	M
表 例 ()	3. SE	4. RACE	S. DATE OF BIRTH		UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH DAY YEAR 2d, MOL	JR
1 3500		em. Cau		13 66 YRS.	NOOKS NOOKS	DEAD	10-81979 53	M
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	/HAT COUNTRY? 8. MA	RRIED NEVER MARI	RIED 9 BALTIMORE CITY	OR COUNTY OF DEATH	
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DELAY IS N TO THE FI V PAGE 5 BE FILED,	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR C	THER INSTITUTION	126. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY	
PA PELA	Ca	atonsville	7 Mor	erick Ave.		Salesperso		
Tany DEI AND 3 TG RETAIN OF THOUSE BE RECORDS			G HOME OR OTHER INSTITUTION, O	13c. CITY OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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		death resulted from:	Natural causes ,	Accident , Suicide	, Hamicide	Undetermined manner		
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DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR	ADDRES			RECID, BY REGISTRAR 756. REC	GISTRAR'S SIGNATURE	
30M 7/73	i	John C. Mi	ller Inc 6	415 Belair F	d.			

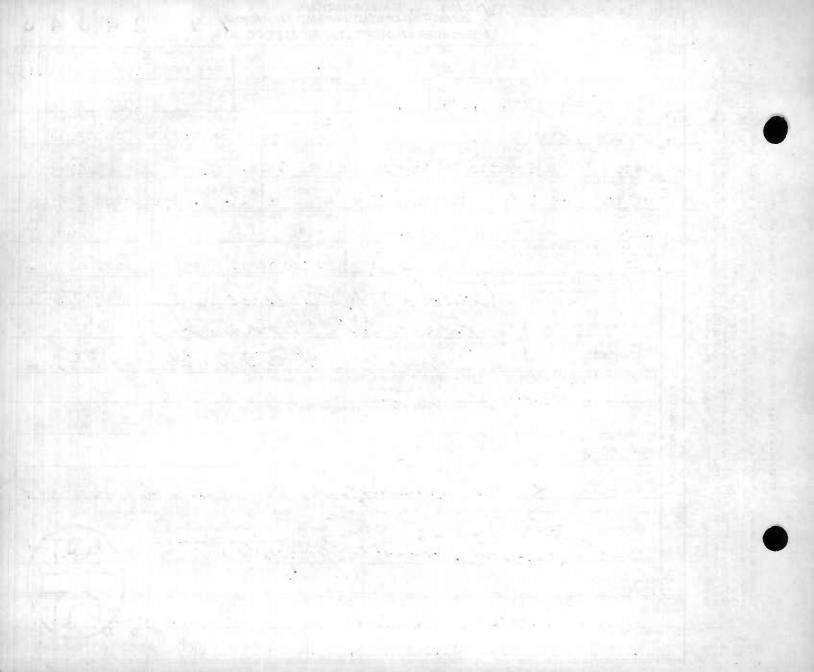


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BALTIMORE, ME UNS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND 2, DIVISION OF VIT.	-	Harve		Russell		Llott		ngline				Land	er
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- 0 /5 = 111		18. CAUSE OF PART I DEA	DEATH (Enter onli TH WAS CAUSED	y one couse per line BY:	for (a), (b), a	and (c)	1-1	0		61		APPROXIMAT	LAND DEATH
ON S TEA H TEA H TEA H SIENE		2-10	IMMEDIAT	E CAUSE (o)	Tee	ecc \	ru	rocan	ny	Calin	W.A.	Delde	lase
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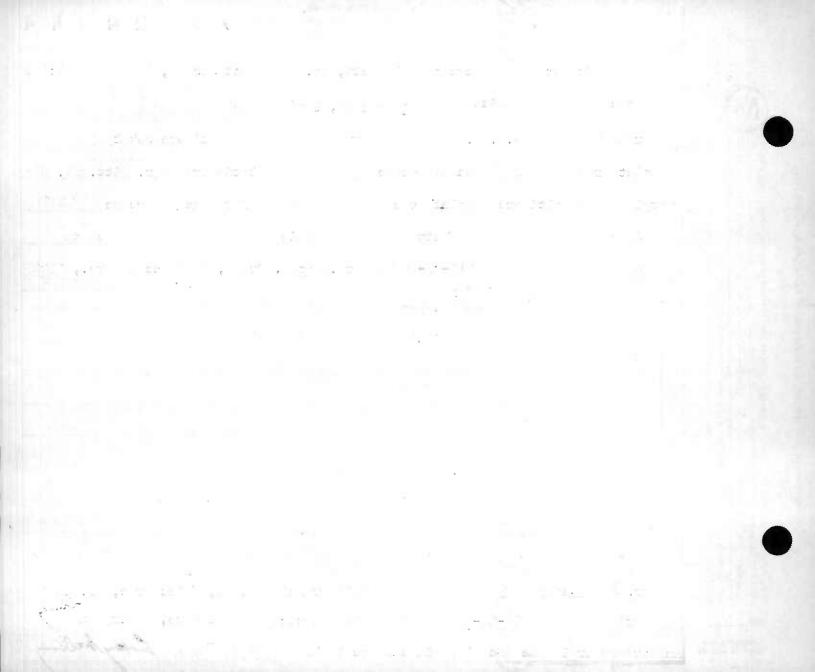
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e		Towsor		Great	er Baltim	ore Me	dical Cnt	r. Cler		Rail	
5	13a S1		13b. CC		on, give residence before 13c. GITY OR TO Catons	WN	13d. INSIDE CITY LIMITS? YES NO 🔯	130. STREET ADDRESS	Syming	ton Av	enue
2	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDER			LAST	
	14 - 14	Harry		ARMED FORCES?	Tuck		Ada 17. INFORMANT		DDRESS	Pu	rnell
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5		death resulte		/		~ /	2 MILLIPECIFY)	1	DAT	E 18/36	9/79
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	Ľ	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY ICATE OF DEATH		9 REG. NO.	2 4	0 4
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	3 36	^ Male	ľ	Whit	e	MONTH	DAY YEAR	93	KS LASI BRINDAT	MONTHS DAY	
	7e. B	RTHPLACE (STATE OR	FOREIGN 7E		WHAT COUNTRY?	I.			E CITY OR CO	OUNTY OF DEATH	
31	C	Maryland		U.S.	Α.		D NEVER MARRIED D			County	
	10 C	ITY OR TOWN OF DE	EATH 1	1. NAME OF		G HOME O	PROTHER INSTITUTION	12m USUALO		126 KIND	OF BUSINESS
OC		Halethorp		5707	Second Av	venue				ngr. Pitt.	
	USU.	AL RESIDENCE IN NU	RSING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET A			
30	-	ryland	Balt:	imore	Halethon		YES NO XX	5707		l Avenue	21227
10	14 FA	ATHER'S NAME FIRST	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE		AST
13/		John			Metz		Annie			Ecl	man
1		VAS DECEASED EVE	R IN U.S. ARM		166 SOCIAL SECU		17 INFORMANT		ADDRESS		
		No	<u></u>		213-05-2	2900A	Mrs. Ada A.	Gross,	5707 8		E., 2122
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0	ICATION	gave rise to in cause (0), stat underlying cous	nmediate ing the se last GNIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE	PSY? 29h	ON GIVEN IN PART	DINGS USED
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201

(VR A 15 (4))

STATE OF MARYLAND

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Balto. Md. 21236

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AGREEATH SEATH CRIME THAN STREET

7401 Belair Road

FOR

- STATE

(VRA 15 (4))

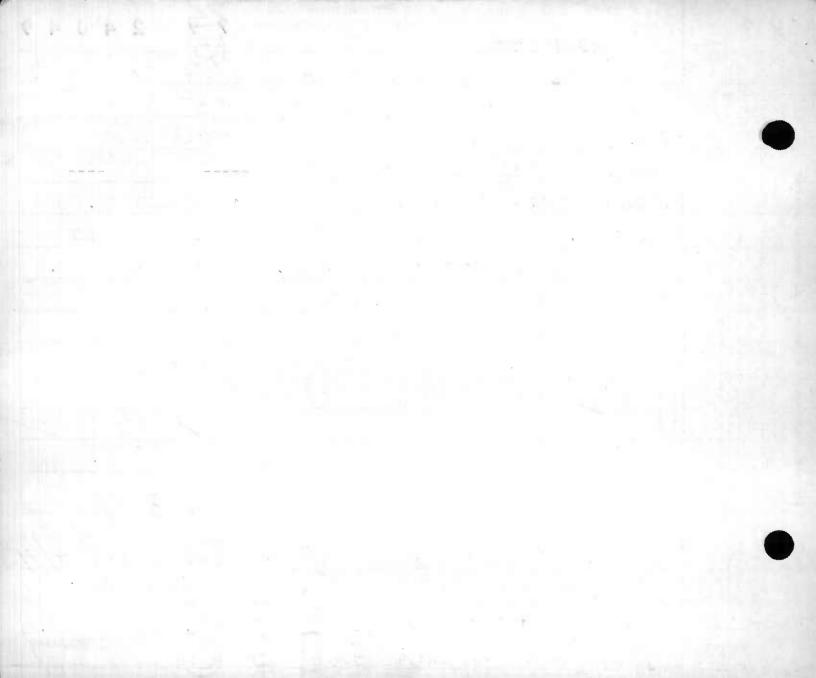
Lassahn Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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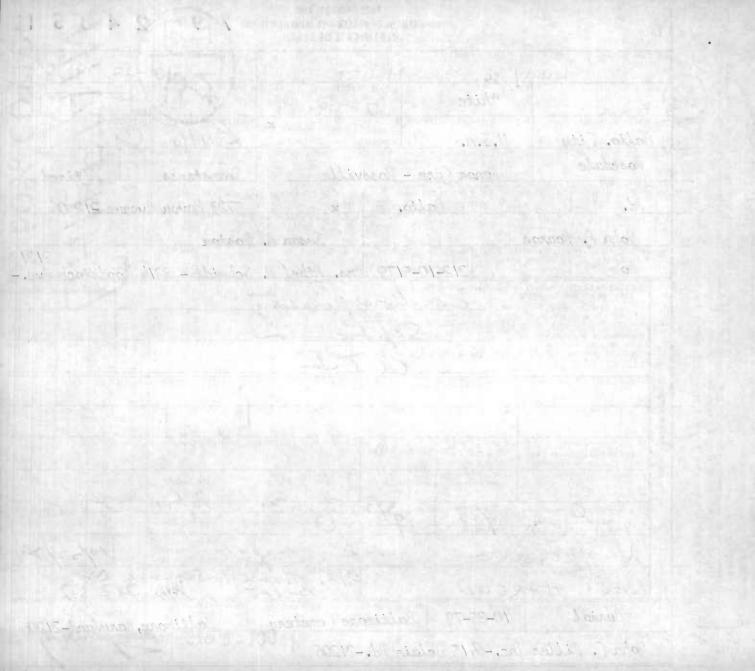
			STA	TE OF MARYLAND		
		FOR STATE REGISTRAR	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 4 0 4
		CEASED NAME FIRST OR PRINT)	MIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
P	1 SE	(U)///QM	15 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	3 02	male 6	white MONI		5 5 yr	MONTHS DAYS HOURS
126	70. B	RTHPLACE (STATE OR FOREIGN 76 CITIZED STATE) RYLAND	USA WHAT COUNTRY? 8. MARRII WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR COUL	NTY OF DEATH
190		TY OR TOWN OF DEATH ALTIMORE VALUE	E OF HOSPITAL, NURSING HOME UNSUCH FACIUL CIVE STREET ADDRESS! LEY VIEW NURS	OR OTHER INSTITUTION	17e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	126. KIND OF BUSINES
36	USU. 13a MA	AL RESIDENCE (# NURSING HOME OR OTHER INSTITUTED TO THE PROPERTY OF THE PROPER	TUTION, GIVE RESIDENCE BEFORE ADMISSION RE ROSEDALE	131. INSIDE CITY LIMITS? YES NO 2	138SIREELADDRESS ANA	UGH RD.
www.30	14 FA	NILLIAM E. MODIE	MITCHELL	MARY	MODIE .	BÄHR
the medical	160 V	VAS DECEASED EVER IN U.S. ARMED FORCES, INDEED FORCES, INDEED FORCES, IN U.S. ARMED FORC	217168108	CLEOPHA BR	ANDT 8410 KA	VANAUGH RD.
ws any injury, ar ather traumatic	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIO	TO, OR AS A CONSEQUENCE OF	1. 5/An	INAL DISEASE OR CONDITION	GIVEN IN PART I (o) YES, WERE FINDINGS USED RIFYING CAUSES OF DEATH YES \(\text{NO Z} \)
18 shows			IME OF INJURY JR A.M. MONTH DAY YEAR	214 HOW INJURY OCCURS	RED (ENTER NATURE OF INJUSY IN ITEM	
	10	(# SITHER, NOTEY MEDICAL EXAMINER)	P.M. 19			
S marked or Item 18	MEDICAL	21s. INJURY OCCURRED WHILE AT WORK AT		211 LOCATION	10 10/23	COUNTY STA
with the State Dept of Health and Mental Hygene IMPORTANT: If them 21 is marked or them 18 shows	MEDIC	THE INJURY OCCURRED WHILE INDIVIDUAL INDIVI	we street, factory office, fam. etc.)	3 1979	to 10/23 STAFF	19 <u>7</u> , that (1) (w



			500				OF MARYLAND		that an			
-	1	1	FOR - STATE REGISTRAR		DEPA		CATE OF DEAT			2	40	5 0
BAN	- 1	1 DE	CEASED NAME FIRST		MIDDLE	LA	ST	20.	REG. N DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(BAT!)		1116	JOHN	1.4	NDIS	МОН	N . SR.		1	0 25	79	9:30Pm
V		3 SE		4 RACE		5. DATE O	BIRTH	6 A	AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
ector urs of			Male	Whit	e	Apri		919	60	YRS	ONTHS DAYS	HOURS MIN.
of dir	ice.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNT	RY? 8.	X NEVER MARRI	0.0	BALTIMORE CITY O		OF DEATH	
unerd In 7	:75	P€	nnsylvania	U.S.	Α.	WIDOWED			TOWSON			MD
by the fi	56 stiffed		ALTIMORE	11. NAME OF	HOSPITAL, NUE	REET ADDRESS!	GBMC TREET		USUAL OCCUPATION OF WORK FOR MOST OF Plumber		INDUSTRY	of BUSINESS OR
be f	t pe	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION	N, GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIA		STREET ADDRESS		I I I Con.	INTINE
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Pages	dicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES	166 SOCIALS		17. INFORMANT		ADDRE	SS	21	234
	e medi		Yes W.	W. II	213-0	3-6444	Mildred	l C. N	John 830	1 Dal		
poper	event, th		18 CAUSE OF DEATH (Enter	only one couse pe				-			BET WEEN	MATE INTERVAL ONSET AND DEATH
C C	-			ATE CAUSE (a)	CARI	DIAC AF	RREST				5 M	INUTES
corbo	umatic		1470	DUE TO, C	R AS A CONSE	QUENCE OF	D DEBIL		011			m m
otion	roor		Conditions, if ony, which gove rise to immediate	(b)	GEN	RALIZE	D DERIL	.IIAII	UN	10.0	2 W	EEKS
crem	or other		couse (a), stating the underlying cause last	DUE TO, C	R AS A CONSE							
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to bu	lory,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT N	OT RELATED TO TH	HE TERMINAL	L DISEASE OR CON	DITION GIVEN	V IN PART 110	21
prior	ony ir	ATIC	19a. DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATION	WAS PERFORMED	1 2	On AUTOPSY?	20h JE YES	WERE FINDIN	JOS LISED
ane p	Shows a	IFIC	- 1 W. 1						ES NON	IN CERTIFYI	NG CAUSES	OF DEATH?
61	8 0 0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY		(ENTER NATURE OF INJUR	YES	T 1 OR PART 2)	NO []
	Hem 18		OR CONTRIBUTING CAUSE OF D	WALL TO SERVICE	.M. MONTH	DAY YEAR					-	
	or H	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION					
	morked	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
	e a		22a I certify that (1) (this has	pitol) ottended th	e deceosed from	m0	7/28	79	to10	/25 10	79	that (I) (we) lost
	21 is		sow the deceosed olive o	. 10	Z5 10		that in (my) (our) o	opinion death	occurred on the do	ite and hour o	and from the	
ept.	Hem		The GNATURE	Le the body	oner deom.		EGREE				22c. DATE	
ote D	#		1/4 Space	MILL	>		ATTENE		EDICAL STAF		10/	35/79
be d e Sto	PORTANT		22d. PHY ACIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	C.A	THISIC	- A	1 - / -	
with the	Por		DR. VIRGIN	IA KRAN	IZ	3/4/8/	GREATER	BALT	IMORE ME	EDI CAI	L CENT	TER
3	₹	23a. E	LIPIAL CREMATION REMOVA				METERY OR CREMA		3d LOCATION	-		
		B	specify) Urial	Oct.2			od Cemet		Baltimo	re Co	. Md	STATE
1/75		24. Fl	INERAL DIRECTOR		ADDRESS		2	25a. DATE REC	D. BY REGISTRAR			Stady
4))		Wi	lliam E. Joh	nson 8	521 T.O.	ch Ray	an Blad	COT	C 1979	house	7	1

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4	333	1-	FOR STATE	DEPA	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HY	GIENE 7 9	2 4 0	5 1
			REGISTRAR			ICATE OF DEATH	REG. NO		-43
. ne	100		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
D 000	-		Lur			9071		10-79-1	MAGO
at after p	M	1 SE	Female	1 RACE White	S. DATE (6. AGE (IN YEARS LAST BIRT	MONTHS DA	
A P	107	a. Bi		76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1 22	25	1	Balto. (ity	U.S.A.	WIDOW		DA HO	· Co.	MD.
4 4	90	10. CI	Rosedale	(IF NOT IN SUCH FACILITY, GIVE ST			12a. USUAL OCCUPATA (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	ID OF BUSINESS OR
ours ours	e -	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		Seamstres	1 R	tired
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vision and completely filled in be pers. Pages 1 and 2 should be 11 evol.	Snu (5		Md. 13b. COUN	136 CITY OR T		138. INSIDE CITY LIMITS? YES NO		n Avenue 21	12 06
withi d 2 s	E NO	14. FA	THER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST
MA hed	exo.		John E. Monro			Susan A.	Boston		
A vecu	dico		AS DECEASED EVER IN U.S. ARA	WED FORCES? 166 SOCIALS WAR OR DATES)	ECURITY NO.	17 INFORMANT	ADDRE	SS	21213
rimo	E		No	212-10	-5/75	Mrs. Ethel H.	Schmidt -	3314 Woodst	
, BALI icote licote hysicic	t,		18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b)	, ond icil				ROXIMATE INTERVAL EEN ONSET AND DEATH
	e ve		PART I. DEATH WAS CAUSED		diere	Sherolar			
h ce ding orbo	ofic		5990	DUE TO, OR AS A CONSE	OHENCE OF			03 24 00.	
deot deot ove ove tion,	E no		Conditions, if ony, which	((b)	Sch	5 cemio			
the character of the company of the	er tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	~ ~		1000	
by by cr	oth		underlying couse lost.	(10)	11	71		53126	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DIVISION OF PHYSICIAN: The low requires that the death certificate physician. After this certificate has been signed by the attending phase the burial transit permit. Then please remove corbang hand Mental Hygiene prior to burial, cremation, or remained.	jury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN PART	[](0)
ECOR ow re- rmit. I prior	ony i	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
L RE lo ne lo ne lo ne lo ne lo perre perre perre perre perre per la ne	shows	IFIC					YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
VITAL N: The roote h roots t Hygier	9 St	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			
SICIAN ng phy certific uniol-free tentol H	Item 7		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR				
4YS) ding ding buri	or It	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			
VISP Of Pr	pe	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
D G G G G G G G G G G G G G G G G G G G	mor	-71	22a I certify that (1) (this hospit	of ottended the deteosed fro	m -3/2	10 26	10/0/	1 10 76	tho (II) (we) lost
TOR.	5.		sow the deceased olive on	(2/12	103	nd that in (my) (our) opinion	death occurred on the do	ite and hour and from	(1)
R ATTEN hospitol IRECTOR hed for i	en :		obove, (I) (we) (did (did not	Pview the body ofter death.		DEGREE		22¢ D.	ATE SIGNED
0 0 0 0 0	#		11- Han	own	1	ATTENDING	MEDICAL STAF	F _ 10	122/29
HOSPITAL inned by the FUNERAL vild be detoon the Store in the Store	ANT I		22d. PHYSICIAN'S NAME (TYPE OR	PRINT		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN L	
HOSI ned FUN ild b	ORT		MATI HA	Locust		9101 Frau	Klind 9	make Ur	2 -
TO Horonal Should with t	IMPORT	22 7	WIN COM	Tanada	12. 514445 02.5	Malt	122 10(47)	Pl Selle	\$ /
63/2		230 E	URIAL, CREMATION, REMOVAL	23b. DATE 10-25-79		emetery or crematory one (emetery	23d LOCATION CITY OR TOWN	COUNTY	STATE
100/BP		24 E1	INERAL DIRECTOR		Durun	125 MA		none, lanua	ind-21206
DHMH - 16 50M 7/7: (VR A 15 (4))	7	24 F		Inc6415 Bel	air Rd.	-21206	שאיצרונו ישיאין ט		- Venory



	1. DE	REGISTRAR CEASED NAME FIRST	LEANOR	MIDOLE VICTOR		AST MODRE	REG. NO.	DAY YEAR	26 HOU
		Eleanor	2/	tar.	771-	NOOKL.	Ort. 10	1979	701
A	3 SE		4 RACE	10119	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNOER
n	F	emale	White		Dec.	12, 1917 YEAR	61	RS. OAYS	HOURS
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
35	Ma	aryland	USA		WIDOWE	D DIVORCED TO	Baltimore Co		E 14
90		atonsville	(IF NOT IN SU	HOSPITAL, NURS IN CH FACILITY, GIVE STREET NOOK NUIS	ADDRESS)	OR OTHER INSTITUTION	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Salesperson	INDUSTRY Dept.	-
25	J3a. :	AL RESIDENCE (IF NURSING HOA STATE 13b. CO aryland Balt	LE OR OTHER INSTITUTION OUNTY CIMORE	N, GIVE RESIDENCE BEFOR 13c. CITY OR TOW Balto Hi	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2820 Alabama	Avenue	
	14 F	ATHER'S NAME	MIDDLE	LACT		15. MOTHER'S MAIDEN NAM	ME		
020		Victor	Kur	elaitis		Magdalena		Starin	
1	160 \	VAS DECEASED EVER IN U.S.	ARMED FORCES?				over, Md ADDRESS	21076	
	- 1	10		213-09-9	133	Loretta D. Si	underland, 22		
,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe	er line for (o), (b), on	d (c .			BETWEEN	ONSET AN
2			DIATE CAUSE (0)	RESPIR	or tor	y tasutte	CRUC'S	34	15
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		Conditions, if any, which	((b)_	metast	dic	Malignen	+ Melinoma	9 4	. ,
									Cal
		gove rise to immediate couse (a), stating the		OR AS A CONSEQU	ENCE OF				(1)
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	NO	couse (a), stating the underlying couse lost	DUE TO, C			NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	0)
	ATION	couse (a), stating the underlying couse lost	DUE TO, C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. II	F YES, WERE FINDIN	NGS USI
	THICATION	couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAL	DUE TO, C	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY? 206. II	F YES, WERE FINDIN	NGS USE
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29	MEDICAL CERTIFICATION	Couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM)	DUE TO, C (c) NT CONDITIONS C 198 CONE 198	ONTRIBUTING TO	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 200. II CE	FYES, WERE FINDING CAUSES	NGS USI S OF DEA NO
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29	WEDICAL WEDICAL	COUSE (D), stoting the underlying couse lost PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (1) (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	DUE TO, C (c) NT CONDITIONS C 19% CONE 19% CONE 19% CONE 21% TIME C HOUR A HOUR A NER) 21e PLACE (AT HOME S' Anoti view the body PE OR PRINT) A M SEC	ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY TREET, FACTORY, OFFICE, whe deceosed from	OPERATION AY YEAR 19 FARM, ETC.) M.D. NAME OF C.	211. HOW INJURY OCCURR 211. LOCATION STREET 214 that in (my) (but) opinion of the composition of the compo	200 AUTOPSY? 200 II N CE YES NO NO NO TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY Thour and from the	that (I)

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Walter Street Street Street	medated and selections	deserv
unice, et. 27 lande No.		90

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1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / 9 REG. NO	24053
	1. DECEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
e 4 may be ttor, page 3 offer death	Margaret	E.	MOORE		10 19 79 6:40 M
moy , pag	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
s of	Female	White	March 2, 1891	88	YRS. HOURS MIN
Pog Pour	76. BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	PY2 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 14 (17)	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore	e County MD
YNE	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
	Essex	Franklin Squ	are Hospital	Housewife	F WORKING LIFE) INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hourself or this certificate has been signed by the offending physician and completely filled in as the burial-transit permit. Then please remave carbon papers: Pages I and 2 should be the and Mental Hygiene prior to burial, cremation, or remandal. In any Mental Hygiene prior to burial, cremation, or remandal.	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136. COU	or other institution, give residence by the state of the		13e STREET ADDRESS 150 North	Curley St
YLA Thin thin thin 2 sh	14. FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
MAR ond with	Henry	G Weber	Catherin		Matausch
MORE,	160 WAS DECEASED EVER IN U.S. A	VE WAR OF DATEST		ADDRE	ŠS
IMOR n and Poge	(YES, NO OR UNKNOWN) (IF YES, GT	213-4	8-0752 Mrs Marcel	la Fesmire 5	777 Edgepark Rd
SALT Sicio Personicio	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b	, and (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy propo	PART I. DEATH WAS CAUS	ATE CAUSE (o) Cardio	respiratory arrest		
or re	4409	DUE TO, OR AS A CONSE			
death death ottendiave cointion, o	Conditions, if ony, which	(Arteri	osclerotic vascular	disease and	cardiomegaly
the of the cemoral true cemoral	gove rise to immediate couse (o), stating the				THE STORE THE STORE
by by ose of the control of the cont	underlying couse lost.	DUE TO, OR AS A CONSE	nia		
gned n ple	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
RDS equi equi The r to b	Organic bra	in syndrome			
ECO ow r bee mit.	NO DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR he land he lend he lend hos to per lene lene				YES NO X	YES NO
JE VITAL JAN: The physicion trificote h I-tronsit p ol Hygier n 18 shov		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ON OF ITS ICIA ding ph burial-th Mental	OR CONTRIBUTING CAUSE OF DI	LAIN .	19		
HYS nding his c bur d Ae	(IF EITHER, NOTIFY MEDICALEXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOW	AN COUNTY STATE
IVIS IG P offer the s the	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	ICE, FARM, EIC.)	CHIOKION	COUNT
or or a Africa	220.1 certify that (1) (this has	oital) attended the deceased fro			9/, 19_79, that (I) (we) lost
TTEN portal TOR for u	sow the deceased alive o	10/19/	9 79 and that is (my) (our) opinion	n death accurred on the do	ste and how and from the causes stated
L OR ATT the hospit L Director stocked fo e Dept. of E If Item 21	224 SIGNATURE	12////	DEGREE		774. DATE SIGNED
the Director	Friend	- De Cortan	ATTENDING PHYSICIAN	MEDICAL STAF	
PITT PPITT PPITT PPITT PPITT Sto	224. PHYSICTAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		N 1 10/13/12
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store [IMPORTANT: If	Raul Augusté	Molina-Evans,	M D 9000 Frank	lin Square D	rive
Sho of Short	230. BURIAL, CREMATION, REMOVA		331. NAME OF CEMETERY OR CREMATORY		
60/ BP	{SPECIFY]			CITY OR TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	10/22/79			e, Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	NAME	ADDRESS		CT 22 1979	25b. RECOTRAR'S SIGNATURE
, , , , , , , , , , , , , , , , , , , ,	Leonard J Ruck I	nc. baltimore,	raryrand U	U 64 10/3	

STATE OF MARYLAND

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BE FILED	and	lallsto	wn	Balto.	SPITAL, NURSING HOM SCILITY, GIVE STREET ADDRESS County Gene	eral H	osp.	ON 12a t	Studen	PATION (TYPE PKING LIFE)	OF WORK	12b. KIN OR	INDUSTI	ISINESS RY
RETAIN PROPERTY OF SHOULD SHOULD PRECORD	Ma:	ryland	Balti		IVE RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Chadwick	SION)	YES 🗆		1918 B:	ss rookda	le Ro	oad		
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S AFTER SIVE PAG TH FOR AGES 1		S, NO, OR UNKNO	D EVER IN U.S. AR,	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR	ITY NO.	Thomas P. Morley, 1918 Br				21207 ookdale Rd.			
UID BE EXECUTED WITHIN 2 "PENDING" IN PENCIL IN IT EXAMINER ALIC SED AS A BURIAL-IRANSIT PHEALTH AND MENTAL HYGE CREMATION, OR REMOVAL.	NOI	gave ri cause (a) lying cau		(b)	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TEL	E OF	OR CONOITION G	IVEN IN PART 1 (Q).						
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MEDICAL EXAMINER: THIS SCUTE THE CERTIFICATE, WR SE 4 SHOULD BE FORWAR FUNERAL DIRECTOR: PAGE BE DEATH, WITH THE STATE TIMORE, MARYLAND, 21201			fy that I taak charged fram: Natu	ge af the remains de ral causes ,	scribed above, held an	Autaps	Homicid TITLE (SPE	Inspection Une	, Inquiry	anner ,	d in my a			
	24. FU	8urial	TOR 1630	10/6/79 Edmondson	23c. NAME OF C Crest1 Ave., Cat tonsville,	awn Ce onsvil	emetery		LOCATION INTY OR TOWN Brriot	tsville	COU He TPAR'S	MAIC SAME		d.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		PHYSICIAN
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		HOSPITAL

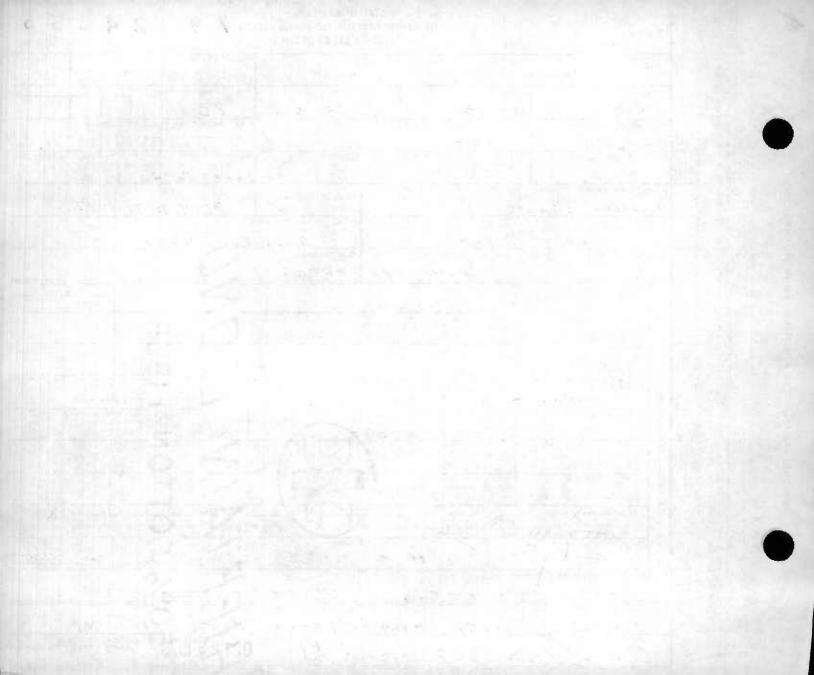
5		1-	FOR STATE REGISTRAR			AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		40	5 5
a (147)	2		CEASED NAME FIRST Pau	LV. Moi	rley Sr.	L	AST	Oct. 2,19		AY YEAR	12:10 A.
ge 4 may ector, pa		3. SE	Male	4 RACE	te	5 DATE C	-3-1919 YEAR	6. AGE (IN YEARS LAST BIR	Inoxi,	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
neral direction 72 hours at ance.	75		RTHPLACE ISTATE OR FOREIGN DUNTRY			MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
s after d by the fu iled with			Balto.		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT ATYPE OF WORK FOR MOST OF TEAM FITTE	OF WORKING LIFE	INDUSTRY.	er Air
24 haur filled in I ould be f	35	USU.	AL RESIDENCE (IF NURSING HOME 136 BC		13 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	rnclif	0 06	ditioning
and 2 sh	232	14. FA	Reuben Morley	MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRS	ME Strickland		LAS	T
e execute n and cor Pages 1	1	160 V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO. 1605	Ms. Kather	ADDR	r More	Thor 4229	
physicia npapers. maval.			18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (0)	Me Fis	hoter	Cucinor	re		BETWEEN O	MATE INTERVAL ONSET AND DEATH
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equires in signed Then pla r to buris		NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS C	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART 1(5.1
The law recion. The has been sit permit. giene prior	1	TIFICATION	198 DATE OF OPERATION 196. CONDITION FOR WHICH O				N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
YSICIAN: T ding physici s certificate ourial:transi Mental Hygi	2	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	DF INJURY L.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
uG PHYS attendin ter this c is the bur n and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed far use o spt. af Healtl			220.1 certify that (I) (this has sow the deceased alive a above, M (we) (did) (did) 22b. SIGNATURE	n 2 00	47919		nd that in (my) (our) opinion	death accurred on the a	ate and hour		
HOSPITAL Oned by the FUNERAL DIJU be detack the Stote Do ORTANT: If It			22d. PHYSICIAN'S NAME				MEDICAL STAFF DIRECTOR PHYSICIAN 10 -4-74				
TO HOSPITAL retained by the TO FUNERAL should be defined the Stote Mark the Stote IMPORTANT.	1	230	John C. Hyl	2 M, D	23c. 1	NAME OF C	7527 Bel	123d LOCATION			Md 21236
BP	-	(Burial UNERAL DIRECTOR	10-5-7	79 La	rrain	re Park (em.	Balto. I	M.	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		8	ohn C. Miller	Inc-641	5 Belair 1	Rd2		OCT 0 8 1979	te	itayh	Busy

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V-V-0/				adey K Va	Transient -

	1	FOR STATE REGISTRAR	D	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2	4056		
m F		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR		
oy be ooge 3 death		JOSEI	PH E.	MORRIS	OCTOBER 25	, 1979 3:08 pm		
E de la	3. S	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS		
ge 4	_	TALE	WHITE	JULY 3 1896	83 YRS M	ONTHS DAYS HOURS MIN.		
h. Po		SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED NEYER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
deoth Jeoth	5 171	ARYLAND	USA	WIDOWED DIVORCED	BALTIMORE COUNTY MD			
by the fu	8	TOWS ON	SAINT JOS	EPH HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SHEET METAL			
AND 212 AND 212 n 24 hour	5 130 130	ARYLAND BA		OR TOWN 138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	N RD.		
MARYL.	14. F	ATHER'S NAME FIRST HARRY	MORRIS	15 MOTHER'S MAIDEN N FIRST MCLL	AME _MIDDLE	LAST		
e execuing on a company of the compa		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES)	IAL SECURITY NO. 17 INFORMANT	ADDRESS			
TIMC on o s. Po		NO	3150	05-8490 FAMILY				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician. In other certificate has been signed by the ottending physician and completely filled in by on the buriol; transit permit. Then please remove carbon papers. Pages I and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removable.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	ED BY: TE CAUSE (O) <u>Cardi</u> DUE TO, OR AS A CO	ac arrest DISSEQUENCE OF LIBIT CARRIED ARTHUR ARTH	а	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
201 res tho			CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATED TO THE TER	AAINIAL DISEASE OR CONSTITION CIVE	NI DI DADI V		
RDS,	Z			lovascular disease, P				
beer mit.	1 5	19a. DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED		
TALRE is The lo sicron. The los one has nosit per nosit per shows a shows	Ę	10/23/79	Illcer D	iverticulum	YES NO YES	ING CAUSES OF DEATH?		
SION OF VITAL R PHYSICIAN: The b ending physicion. this certificate has the buriol-tronsit pe the Montol Hygiene d Mentol Hygiene d or frem 18 shows	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	- Lul		
DING PHYS or ottendin After this ce as the build of the and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE		
ATTENDIP spitol or CTOR: A 1 for use of Health		22a.1 certify that (this hasp saw the deceased akye or above (well aid)	ottol) ottended the deceosed October 25 view the body ofter death	d from <u>September 30, 1979</u> 1979, ond that in (🔥) (our) apinion	to October 25 , 1 ndeath accurred on the date and hour	ond from the couses stated		
OR he ho DIRE OCHEO OCHEO		22b. SIGNATURE	0/	DEGREE		22c. DATE SIGNED		
- 0 - =		1	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Oct. 26,1979		
HOSPITAL ined by the FUNERAL wild be detected to the Stote oor FORTANT:		22d. PHYSICIAN'S NAME (NA	DEPRINT)	22e ADDRESS				
TO HOSPITAL etoined by the Found be defined by the found be defined with the Store important:			juela-Gomez,	M.D. 7620 York	Road, Towson, MD	21204		
	23a.	BURIAL, CREMATION, REMOVAI	1201 1	230 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	OUNTY STATE		
BP		BURIAL	199/19	VY CLY REDEEMER	BALTO, CITY	MD.		

DHMH - 16 50M 1/76 (VR A 15 (4))

VANS 880 Spresylavtor



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT) MELINDA R. MORSE OCTOBER 27. 1979 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS 24, 1979 FEMALE WHITE Oct. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY BALTIMORE COUNTY U.S.A. WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) TOWSON SAINT JOSEPH HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 602 Southwarke Road Harford Bel Air NO X MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Schneider Walter Morse Mary 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Encephalomyelocoele DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? YES [NO 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK to October 2 October 24

22a.1 certify that X(this hospital) attended the deceased from sow the deceased alive an October 27 sow the deceosed alive on UCLOBER 2/ obove, (we) (did) (a cool) view the body ofter death , and that in (🔀) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE 22c. DATE SIGNED DEGREE

PHYSICIAN | 22d, PHYSICIAN'S NAME (TIPE OR PRINT) 22e ADDRESS

> Maurice B. Furlong, M.D. 7620 York Road, Towson, MD 21204

ATTENDING

23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Released to Hosp. COUNTY Parkwood Cemetery

24. FUNERAL DIRECTOR

190 DATE OF OPERATION

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

70g AUTOPSY?

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DHMH - 16 50M 1/76 (VR A 15 (4))

St. Joseph Hospital, 7620 York Rd., Towson

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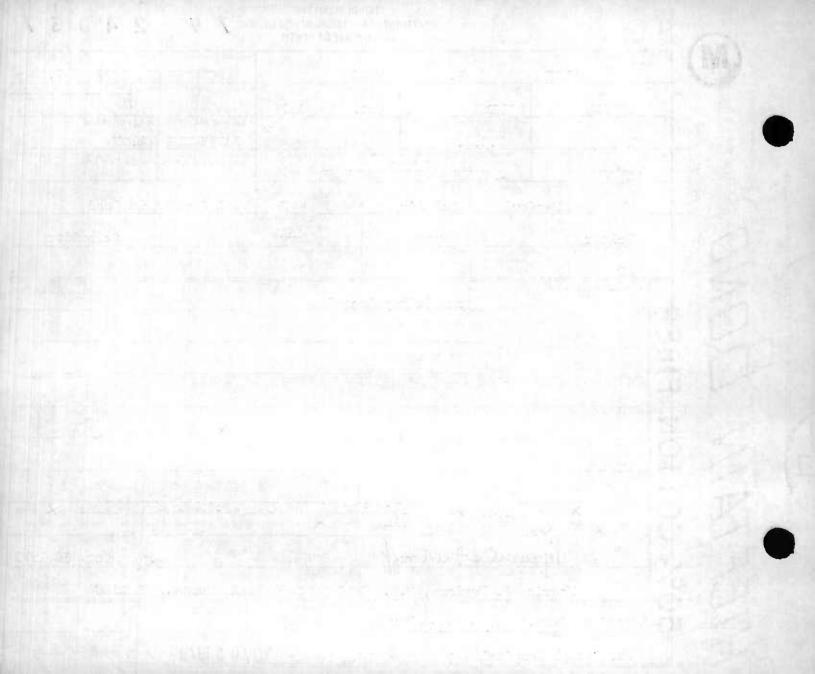
206 IF YES, WERE FINDINGS USED

NO

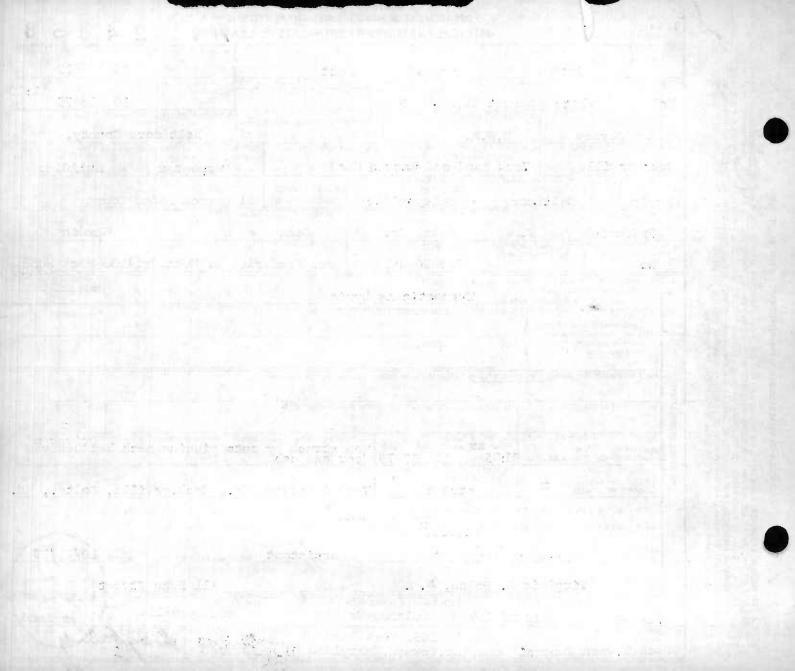
Oct. 30,1979

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	RE	GISTRAR		MEL		MINER'S	ERTIFICATE				0 3	0
		ASED NAME	FIRST		WIDDLE		LAST		OF ESTI-	Case .	DAY YEAR	26 HOUR
			rdon		Raymond		lott		DEATH MATED	TO	18 19 79	N
3. SI	EX	4 RACE		DATE OF BIRTH	YEAR LAST	BIRTHDAY) MONT	DER I YR. IF UND		DATE	MONTH	DAY YEAR	12:10
	ía:		te A	ugust 2	2,1949	30YRS.	THOUSE THOUSE		DEAD	10	18979	AM
		HPLACE (STATE OR GN COUNTRY)	7 b	CITIZEN OF WH	IAT COUNTRY?	8. MARR	ED NEVER MA	RRIED X 9.	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
1		New Jersey		U.S.A		WIDOW	ED DIVO	DOCED T	Balti	more Co	unty,	MD
		OR TOWN OF DEATH		(IF NOT IN SUCH FAC	CHITY, GIVE STREET AD	DRESS)	ER INSTITUTION	126. USUAL FOR MOS	OCCUPATION ((TYPE OF WORK	2b. KIND OF BU OR INDUST	JSINESS RY
		keysville			id and Wa		ad		arpenter		Buildi	
	STA	RESIDENCE (IF IN NURSING TE 13b.	COUNTY	THER INSTITUTION, GIV	13c. CITY OR TO		13d. INSIDE CITY LIMITS	? 13e. STREET	ADDRESS			
Ma	ar	yland E	Baltin	nore	Cockeys	ville	YES NO	₩ 11 W	arren Lo	odge Cou	art	
14.	FAT	HER'S NAME	M	IDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	Wis	LAST	
G		Frederick		· .	Mott,		Gene	va	- 347		Gordon	
160.	YES.	S DECEASED EVER IN L	J.S. ARMED	OR DATES)	16b. SOCIAL SE		17. INFORMANT		ADDRI			
		No			219-56-	4819	Mr. Fre	derick	E. Mott,	Jr.1033		
	1	 CAUSE OF DEATH (E PART I DEATH WAS 	nter only o								APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
	1			AUSE (D)	raumati		ria		hindov.			
	1	Conditions, if ony,	which	DUE TO, OR	AS A CONSEQUI	ENCE OF						
		gove rise to imn	nedipte	(b)								100
	1	lying couse lost.	under-	DUE TO, OR	AS A CONSEQUE	ENCE OF						
1	1	ART 2 DTHER SIGNIFICANT COI	MOITIONS CON	(c)	UIT NOT BELATED TO T	UF TERMINAL BACKAC	T D D COMPANION CONTAINS	DADY N. C.				
Z		ART 2 D THER SIGNIFICANT COT	torrions con	INIBULINO ID DEATH E	OU NOT RELATED IN I	DE TERMINAL DISEAS	E DK CDMDILIDN GIAFN IS	Y PAKI 1 (0).				
MEDICAL CERTIFICATION	ī	9a. DATE OF OPERATIO	N	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?				20. AUTOPSY	?
I SE				Stras							YES 🕱	NO 🗆
5 1	7	10 EXTERNAL CAUSE V		21b. TIME OF		21c. He	struck	RRED (ENTER NAT	URE OF INJURY IN ITEM	A 18 PART 1 OR PART		
) ×		INDERLYING OR	SE OF DEA	TH 11:05PM	MONTH DAY	79 79 doc	r struck	by auto	pinning	neck b	etween	van
i i	2	1d. INJURY OCCURRED		21e PLACE C	FINJURY (ATH	DME, 21f. LO	CATION		ITY OR TOWN	COUN	Later .	
2		WHILE D NOT WH	ILE 🔯		ory, farm, etc.)		k & Warr	_		00011	417	. Md.
	-	220. I certify that I too							Inquiry .	and in my apin		
3		depth resulted from:			Accident X	Suicide	_	7	nined monner].	non	
		P .	, apioidi c		Accident Las,	Juicide []	TITLE (SPECIFY)		comenter			
		CTUAL DUC	ema	Llolo	nn	M	Assista	- 4-	AL EXAMINER	DATE	10/18	/79
1			1					71120107	E ENDAMINER	3101460		
*	E (XAMINER'S NAMEVI	rgini	a L. Dol	an, M.D.		ADDRESS		111 Pen	n Stree	t	
230.	BUR (SPF	IAL, CREMATION, REMO				OF CEMETERY C		23d. LÖCA	TION	110 COUNT	Υ 5	TATE
	E	urial	1	0-22-197	9 Dul	Laney Va			ockeysvi	TIE	Mary	land
	h	IERAL DIRECTOR		ADDRESS	1050	York R	Jau I		GISTRAR 2	GISTRAR'S	EL LINE	
	Ru	ck Towson I	uner	al Home,	Inc. Tows	son, Mar	yland no	T 22 1	3/9	7	/	



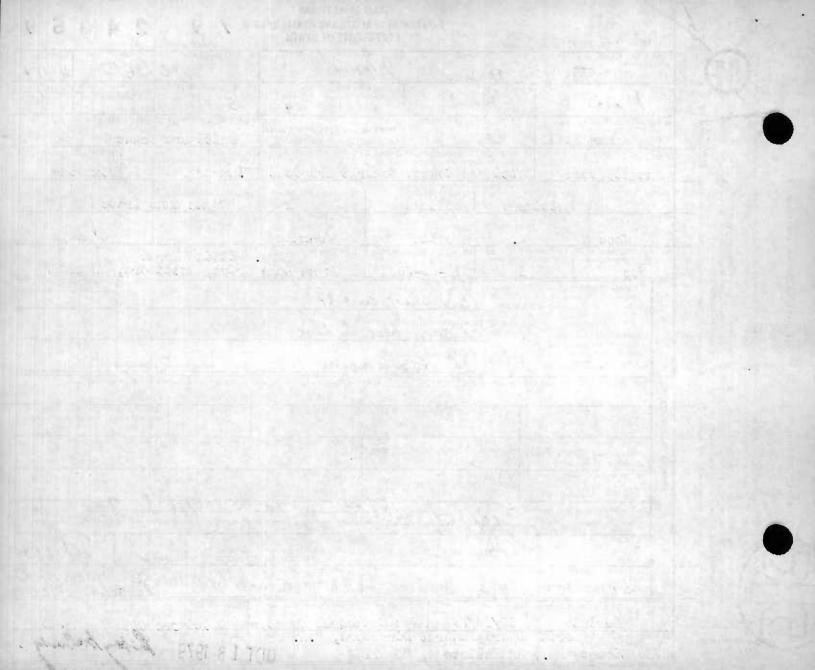
8728 Liberty Rd., Randallstown. MD 21133

STATE OF MARYLAND

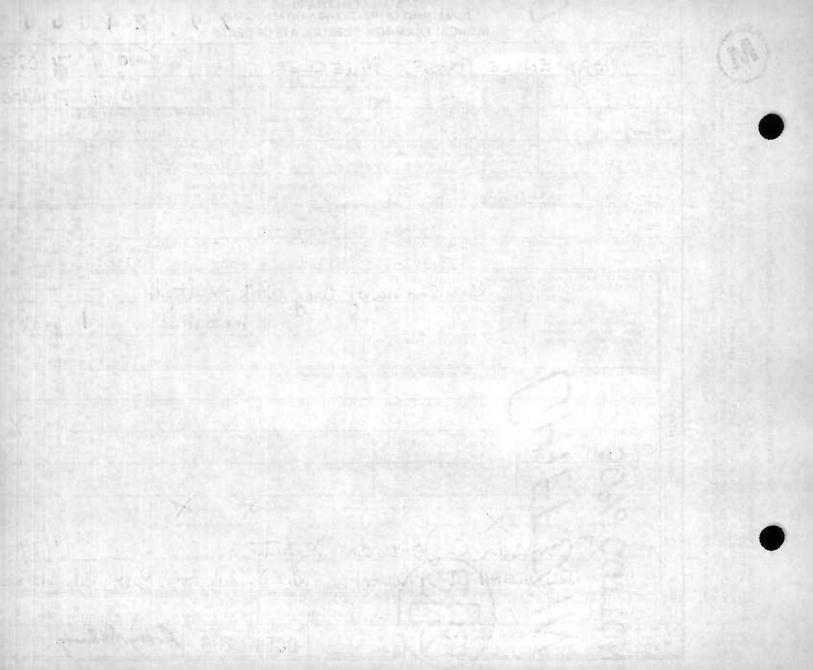
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))



		FOR		DEPARTMENT OF	HEALTH AND MENTA	L HYGIENEY ()	2 4 0 6 0
		STATE REGISTRAR	ME	DICAL EXAMIN	IER'S CERTIFICATE	OF DEATH REG. NO	2 4 0 4 0
1		EASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	(TYP	OR PRINT)	- P	RIFE	MACHE	OF ESTI-	10 4 70 173
3	. SEX	4 RACE	S. DATE OF BIRTH	1 0 SE	ARS IF UNDER 1 YR. IF UNI	•	MONTH DAY YEAR 24 HOLLE
ľ	. JLA	14 NACE	MONTH DAY	YEAR LAST BIRTHD		MIN. PRONOUNCED	20 11001
L		emale White	1 4	V = 1 / /	RS.	DEAD	10 4 ,79 0856
1	a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MA	RRIED . 9. BALTIMORE CITY	OR COUNTY OF DEATH
1	M	aryland	U.	S.A.	WIDOWED X DIVO	DRCED Baltimo	re County MD
1	0. CI	Y OR TOWN OF DEATH	11. NAME OF HO		E, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYP	E OF WORK 126. KIND OF BUSINESS OR INDUSTRY
L	Di	ındalk		Belmont A	venue	FOR MOST OF WORKING LIFE) Housewife	
	ISUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ON)		
13	30. S1		ltimore	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT		
H		THER'S NAME	rcinore	Dundalk	15. MOTHER'S MA	11 1 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1	it Avenue
		FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
ļ.		Vilford AS DECEASED EVER IN U.S. AF	U.ED EQUICAGO	Hodges	Margar		Huber
ľ	(YE	S, NO, OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	166. SOCIAL SECURIT			Lmont Avenue
	No			220-01-3	559 William	V Mohr F	Balto.MD 21224
		18. CAUSE OF DEATH (Enter a	nly ane cause per lin	e for (a), (b), and (c).)	0 0	· 11 01 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I DEATH WAS CAUSI	TE CAUSE (a)	arcinome	a of tung i	with multiple	
L		1629		AS A CONSEQUENCE	OF O		
ı	7	Conditions, if any, which				metalteses	year
		cause (a) stating the under	< · · · · · · · · · · · · · · · · · · ·	AS A CONSEQUENCE	OF		1
1	10	lying cause last.					
ı		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	RUT NOT PELATED TO THE TERM	TINAL DICEASE OF CONDITION CIVEN I	N DADT 1 (-)	
ı	Z			TO THE TERM	WAY OLIVENSE OF COURTINOU OILEU I	N FAKE I (0).	
-	CERTIFICATION	19a DATE OF OPERATION	TIN CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
3	FIC		110. CO. 10.	THO TO THE THICK OF EACH	ATTOTY WAS TEXT ORMED!		- >
-	ET	210 EXTERNAL CAUSE WAS	21b. TIME O	E INTUINV	Tal How bulley con		YES L NO L
	C	UNDERLYING OR		MONTH DAY YEAR	R I TIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
1	O	CONTRIBUTING CAUSE OF					
	MEDICAL	21d. INJURY OCCURRED	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
l	-	WHILE NOT WHILE AT WORK]				
H		22a. I certify that I taak char	as of the remains de	scribed above, held an	Autopsy , Inspec	N N	4:
							d in my opinian
Ł		death resulted fram: Natu	ral causes	Accident L, Su	icide	Undetermined manner,	10/11
I		ACTUAL C	100 1 100	O'I Donne	TIM SPECIFY		DATE 10 4 79
		SIGNATURE	organn	C Bora	DONNO DIE	MEDICAL EXAMINER	SIGNED
-		EXAMINER'S NAME T	ROSSIAN	O' Nanta	141 70	Red III And S	Rall Mel 2000
		(TTPE OR PRINT)		O JONIOU	ADDRESS_	- ormalik nv.,	HOURS, 1714 - 212 2
2	30. BL	RIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
1		Burial	10/6/79	Oak La	wn Cemetery		
2	4. FL	NERAL DIRECTOR Duda-	Ruck, ALT	ic.	25a. DA		STRAR'S AGNATURE
		222 Wise Ave			21222 00	T9 1979 -	7

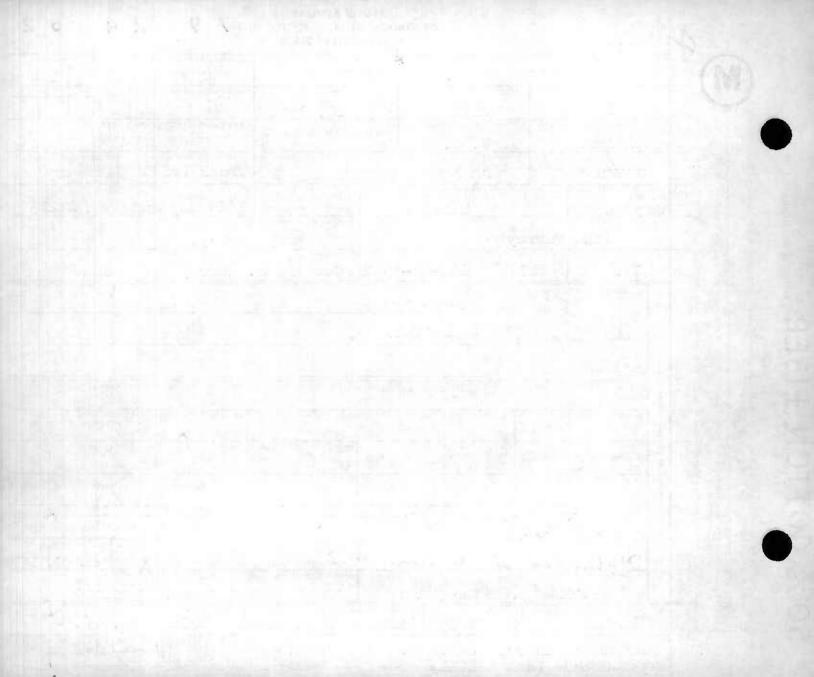


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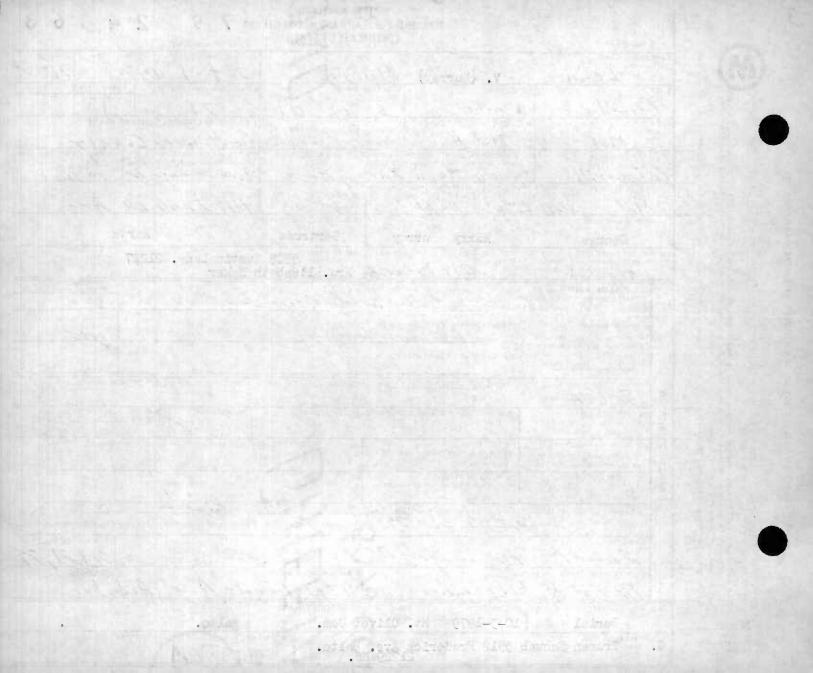
1.	FOR - STATE REGISTRAR			D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	HYGIENE	7 9 REG. NO	2 .	4 0	6 1
	CEASED NAME	FIRST		WIDDLE		LAST	2a. DA	ATE OF DEATH		YEAR	2b HOUR
(TYPE	E OR PRINT)	Walte	r	C.	MULLIN	IX		Oct.	2, 19	79	3:00A.
3. SE	х	14	. RACE			OF BIRTH	6 AGE	(IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 H
	Male		Whit	te	Nov	16, 1915 YEAR		63	YRS	THS DAYS	HOURS
	IRTHPLACE (STATE OR OUNTRY) Maryland		L. CITIZEN OF		UNTRY? 8 MARRII WIDOW	ED NEVER MARRIED		TIMORE CITY OF			
10.0	or town of DE Baltimore		1. NAME OF	HOSPITAL,		OR OTHER INSTITUTION	12a. U.	SUAL OCCUPATION WORK FOR MOST OF Office	WORKING LIFE)	12b. KIND (OF BUSINESS
130. 5	AL RESIDENCE (IF NUR	136 COUNT	Y	13c. CITY C	OR TOWN	134. INSIDE CITY LIMITS?	? 13e ST	REET ADDRESS			
_	aryland ATHER'S NAME	Balti	more	Ball	timore	YES NOTHER'S MAIDEN I	NI AME	5545 Cha	nning .	Rd.	
17 17	FIRST		IDDLE		AST	FIRST		MIDDLE		LA	NST .
34	Norma			Mulli		Pauli	ne	ADDRES	Har	tsock	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)		-12-8789	17 INFORMANT Elizabeth	n Н. М		Item	13	
CERTIFICATION	cause (a), stati underlying cause PART 2. OTHER SIG	e lost.	(c) ONDITIONS <u>C</u>	ONTRIBUTI		T NOT RELATED TO THE TE		AUTOPSY?	20b. IF YES, W	VERE FINDI	
RT							YES		YES [NO 🗆
-	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT			TH DAY YEAR	21c. HOW INJURY OCCI	URRED (EN	ITER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY		211 LOCATION STREET		CITY OR TOWN	ı	COUNTY	STATE
	22a. I certify that (I' sow the decease above, (I) (see) (-		65 N. S.		nd that in (my) (aux) opinion	ion deoth o	ccurred on the dot	2, 19. e and hour or	nd from the	
	The Signature		nolar	~			MED DIREC	ICAL STAFF	an 🗆		.2,197
	Jame		Nolan,	M.D.		22e. ADDRESS 1 Mallow H	Hill R	d.,Balti	more,	Md.	
23a. E	BURIAL, CREMATION SPECIFY) Burial		23b. DATE Oct. 5,			CEMETERY OR CREMATOR		LOCATION CITY OR TOWN Damascu	(0	UNTY	STATE
	UNERAL DIRECTOR	L. Mo			Mascus,	25a. D	OCT 0	BY REGISTRAR 2		r's signa	Md.

salo cutte nov.10,1915 as bittore vo., dringe 5545 unraing v. Uittor can err runal rithtore secutione X 5.45 unrains to. orten tulticix radio ionicot -orten tulticix radio ionicot -os 2 216-12-2769 Fitzbeth N. willinix, to 13	3: 1		ATRESTUM.	3 .0	in Is	
Entirone 500 institute. The control of the control		,1915	1.00	A.		o (
rylard (wlittore Services X 14,5 imming to. paren Lulinix ruline introck -03 2 216-12-676 Filesocks N. willinix, to. 13			X	. 1	0.U	Source of
ormen dulinix sulline lentrock -03 2 Ele-10-1769 Tirrecota B. Williams, Ital 13	79 339 90 11		. N. Jacob	and EA	5.	910 <u>i</u> n 3.
-93 2 218-12-6769 Frinzebeth K. Millinix, to 13	245 5 minutes 10.	X	คนัก	tuind	or tell	17112710
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	rullinia, its 13		5(7-)	1-015.	2 .4.	50-
	Teach					
Tiples C. noine, E.D. 11 11 100 Hill 21, Filthorn, .E.					0 (34)	
		ICH world	T	.U.N	en 0. n	

FOR



	1.	FOR STATE REGISTRAR	DI		IEALTH AND MENTAL HY	GIENE / 9 REG. NO.	24063
(M)	I. DE	CEASED NAME FIRST OR PRINT) Lener	V. (Murra	1 1.5	erre	De To 1	15 75 YEAR 26 HOUR 12:45 M
ge 4 m	3 SE	Remale	4 RACE White	S DATE (6. AGE (IN YEARS LAST BIRTHDAY)) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
deoth. Po	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL	WIDOW		Bestimore City or Co	e Country MD.
ours ofter do in by the fur e filed with	6	AL RESIDENCE (IF NURSING HOME	Shelly No	Ch Kur	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR STORE MARK 67	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
LAND 2 hin 24 hr	13a. :	STATE 136. COL	UNTY 13c. CITY C		13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRESS	ick Ava
make w Lied w		FIRST George VAS DECEASED EVER IN U.S. A	Maxxit 1	Murray	Gertrude	Widdle	Martz
be executed on and control or s. Pages 1	100		SIVE WAR OR GATES)	05-1615A	Mrs.Elizabet	Rustic Lane. 2 th Baker	
VST., BAL		PART I. DEATH WAS CAUS	only one couse per line far (o). SED BY: IATE CAUSE (o)	/	eld. assen	isa	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
that the death that the attended by the attended to a serice and a serice at a serice and a serice at a series at		Conditions, if ony, which gave rise to immediate couse (a), staffing the underlying cause lost.	DUE TO, OR AS A COM	herene	popia		ys.
RDS, equir equir Then Then to b	TION	SPCVA				MINAL DISEASE OR CONDITION	
A in the second	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO NO	» IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \text{ \text{ \text{ NO }} \text{ \text{ \text{ \text{ \text{ NO }} \text{ \text{ \text{ NO }} \text{ \text{ \text{ \text{ \text{ NO }} \text{ \text{ \text{ \text{ \text{ \text{ NO }} \text{ \text{ \text{ \text{ \text{ NO }} \text{ \tex
SICIAL ph ph certifu	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	TH DAY YEAR	100	RRED (ENTER NATURE OF INJURY IN I	IEM 1B, PART 1 OR PART 2)
DIVISION OF PHY os the but th and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital or RECTOR: A hed for use apt: of Heal				19/75.0		, to death occurred on the date a	
0 11 0 70 -		22h SIGNATURE Bland R.	Merenny	mo.		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 0.3 - 1, 75
TO HOSPITAL (retained by the TO FUNERAL I should be deto, with the State I IMPORTANT: If		David R	MUSCORE.	~2	4713 Le	eds Ave.	Arbertus
100 8BP	-	Burial, cremation, remove Specify) Burial	23b. DATE 10-3-1979	Mt. Oliv		23d. LOCATION CITY OR TOWN Balto.	COUNTY Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24.F	NAME Truman Sch	wab 3512 Frede		Balto.	TE REC'D, BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



		e., 15		. # (D. II) - 1-00
100			602/01	
Yes In Victoria				braid yeth 1
Jacon Wall Burn ve		ol miner to		Canadada (1)
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		el camera	214	and the same of th
Harry pay the Mark	Louising	No.	1 0 0:	
2 818 June 1995		ALT: CARE	medulating so	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN ITYPE OR PRINT! Hollis В. Myers DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE July 13, 1944 AST BIRTHDAY PRONOUNC Female White DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County, WIDOWED DIVORCED 128. USUAL OCCUPATION | TYPE OF WORK | 128. KIND OF BUSINESS OR INDUSTRY | Own Home IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KXKXXKXXKXXX Pearce Road Monkton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 36 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 6207 Blackburn Lane 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Mvers Albert Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS PAGES 1 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-46-1002 J. Hollis Albert Same as #13. No 18. CAUSE OF DEATH (Enter only one couse per line for land ici, and ici, APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A COLLEGUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR/TO CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 246 PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE 22a. I certify that I taak charge of the remains described above, held an death resulted from Natural causes Undetermined monner PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTMORE, MA EXAMINER'S NAME 7501 York Road (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 25.1979 Greenmount Cem. Baltimore, Burial Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Road **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 7/77

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Syncha	Tunis .	annya -		cL
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	SECTION OF SECTION			

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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17		-
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1.	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATI		240	0 0
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
(11)	Melford	Τ.	NEAL	October 9	1979	2:10a
3. SE	X 4	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
	M	W	6/27/14 YE	48 65	YRS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	- 7 7 1 1 0	COUNTY OF DEATH	
10 C		NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANKL (N	NG HOME OR OTHER INSTITUTION		125 KIND C	F BUSINESS O
5 130.	STATE 136 COUNTY BALT		NN 13d INSIDE CITY LIM	11505 JE	ROME A	vi
2 14 F	THEMAS	NEAL LAST	15. MOTHER'S MAID FIRST	SWAIN	LAS	ST.
160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS		
	NO	Un	" MRS. TR	ENT AB	OUC	
NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE Bronc	hogenic Carcino		ION GIVEN IN PART 110	a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		Ob. IF YES, WERE FINDING CAUSES YES ()	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PART 2)	Name of the second
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (this hospital sow the deceased alive an above, (we) (did)	ottober 9, 19	19_, and that in (aur) o	79 , to October 9 apinion death occurred on the date	ond hour and from the	
-	776 SIGNATURE	1/2	DEGREE ATTENI PHYSIC		22c. DATE 10-9	9-1979
	22d. PHYSICIAN'S NAME (TYPE OR PR	IINT)	22e. ADDRESS			10.119
4	Haseeb Al	-Mufti	9000 Fr	anklin Square Dr	ive 2]237	

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630 Edmondson Avenue Catonsville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

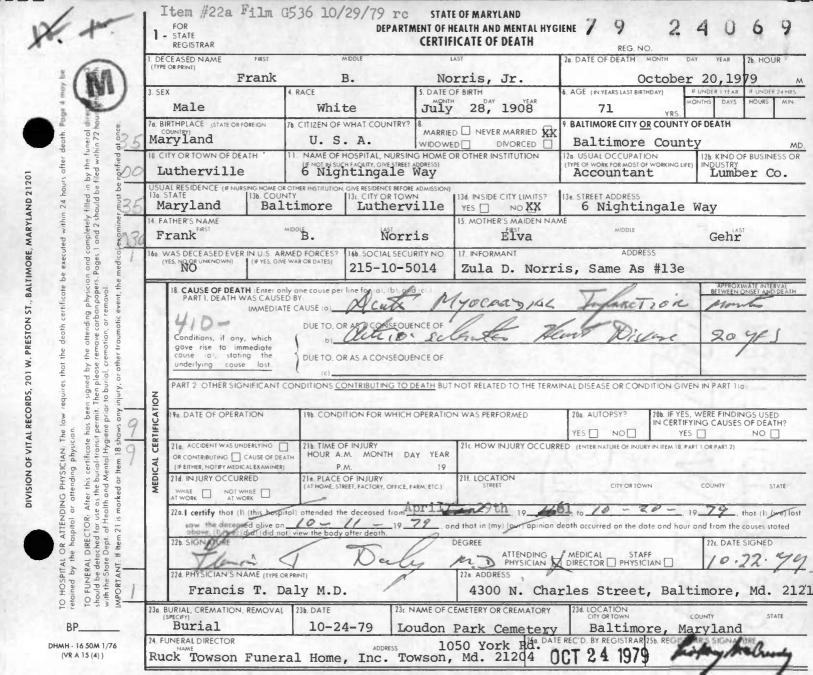
FOR

(VRA 15, 4) 7/78

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH Sister Mary Dolora Newman 10 White 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female HOURS 56 Ja. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Education Teacher Glen Arm Glen Arm illa Maria. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 COUNTY 13r CITY OR TOWN 15 Amberly Way 13d INSIDE CITY HAITS? Balto. Md. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clifford WIDDIE Mabel Evans William Newman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) S. Louis Marie, 11630 Glen Arm Rd. No 800-01-763 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be NOLK 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 229 | certify that (1) (this haspital) attended the deceased from 000 saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death and that in (aur) apinian death occurred an the date and have and from the causes stated 176 SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: 1 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME GYPE OF PRINTI 22e ADDRESS 50 Scott Adam Road, Cockeysville Dr. Lawrence Boas, M. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial GIENOWArm Balto. Ma. s Cemetery ELINERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) LUHERA

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			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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۵	L EXAMINER: THIS CERTIFICATE SHE CERTIFICATE, WRITING THE WORD OULD BE FORWARDED TO THE CT. L DIRECTOR: PAGE 3 SHOULD BE U. WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRIOR TO BURIAL MARYLAND, 21201 PRIOR TO BURIAL	`	AT WORK AT WORK	
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	RAL ATH, E, M		SIGNATURE MEDICAL EXAMINER SIGNED 10-19-19	_
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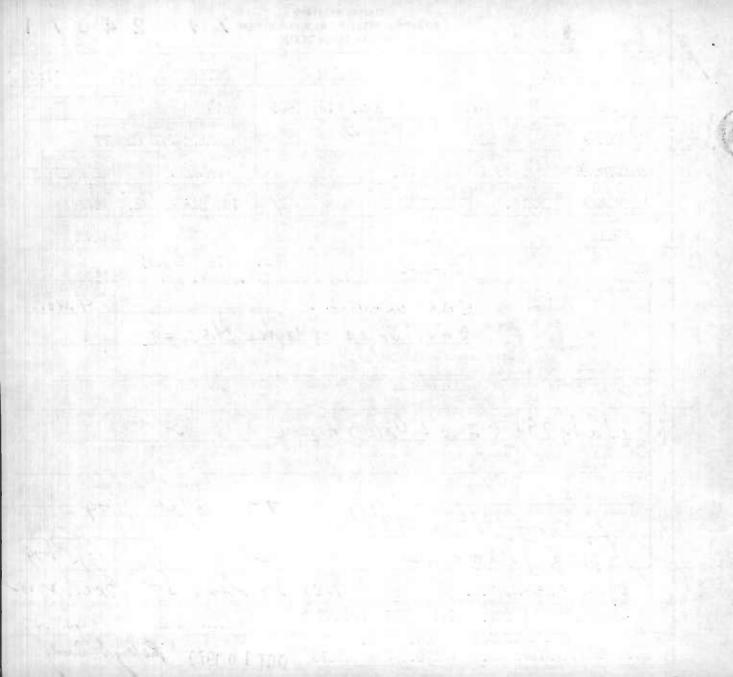
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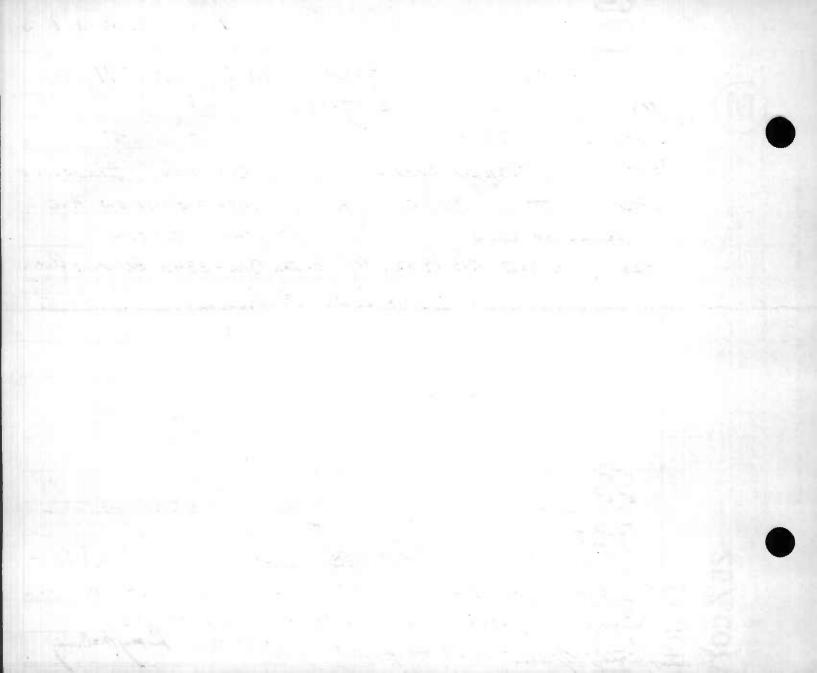
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74 FUNERAL DIRECTOR SOL LEVINSO 6000 REISTERSTOWN RD. (VR A 15 (4))



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Leonard J Ruck Inc. Baltimore, Maryland

FOR

(VR A 15 (4))

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Takan and the second of the country AND AND AND ADDRESS OF THE PARTY OF THE PART STATE OF MARYLAND 20 DATE OF DEATH MONTH 2b. HOUR October 12. 1979 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co.. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 801 E. Lake Ave. LAST 801 E. Lake Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STATE CITY OR TOWN

24 FUNERAL DIRECTOR AODRESS MITCHELL-WIEDEFELD HOME 6500 York Road

Burial

BP

DHMH - 16 50M 7/77

(VRA 15 (4))

10/16/79

Holv Redeemer

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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tor, offi	3. SE	-	16, TE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
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ral OR A y the has Ral DIREC detached oute Dept.		17% SIGNATURE		DEGREE	Maria Salar B	27c DATE SIGNED
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		UNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 256. REC	CHECKE SIGNALIEF
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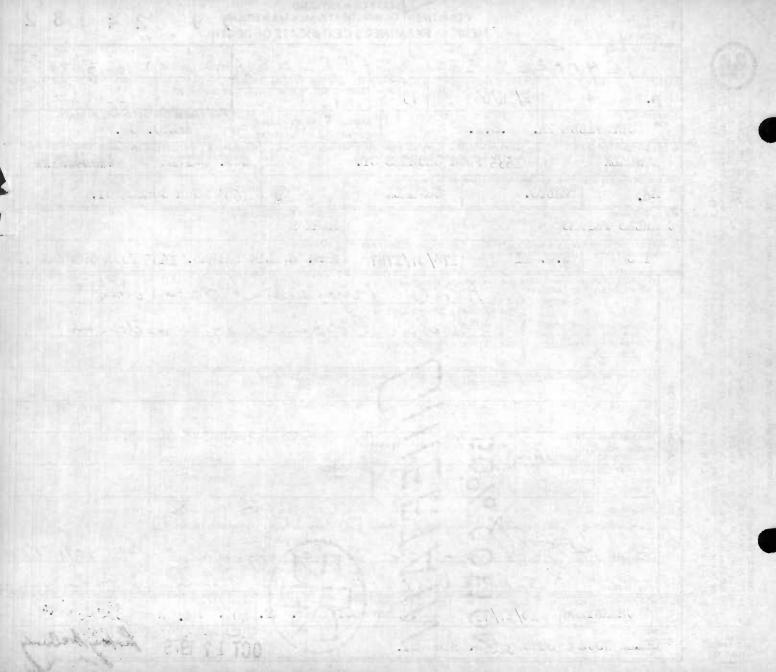
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	SERIA SERIAL SE						
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TO STATE REGISTRAR 1. DECEASED NAME (TIPE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S LEVEL AND MEDICAL EXAMINER'S LAST INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S LEVEL AND MEDICAL EXAMINER'S LAST INTERPRETATION OF THE ALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S LEVEL AND MEDICAL EXAMINER'			KEO. I	NO. MONTH DAY YEAR	2b.		
	CHF	ARLES L	EVI PE	ETERS	OF ESTI-		5
	M. W	1714/08	YEAR (135] BIRTHDAY) MON		MIN. PRONOUNCED DEAD	MONTH DAY YEAR	7 29
5	OREIGN CONTISVILL	E PA. U.S.A.	WIDOV	WED DIVORCE	ED BAT.TO		
1	DUNDALK	TOO TO	AUR GEURGES CT.	HER INSTITUTION		YPE OF WORK 12b. KIND OF BU	JSINE
13a. S	AL RESIDENCE (IF IN NURSIN	ING HOME OR OTHER INSTITUTION, GI	13c. CTYPRIAWA		13° STREET APPRESS CO	RNER CT.	
14. F	ATHER'S NAME HARRES PETER	RS MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST	H
16a. 1	WAS DECEASED EVER IN YES, NO ORUNKNOWN) (IF	U.S. ARMED FORCES?				ss 6 FOUR CORNER	rs
NO			BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONOITION GIVEN IN PAI	27 1 (a).		-
9 IIIICATI	19a. DATE OF OPERATIO	ION 196. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY	? N(
CALCER	UNDERLYING OR	NUSE OF DEATH P.M	MONTH DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM)		
MEDI					CITY OR TOWN	COUNTY	
	death resulted fram:	N.		, Hamicide ,		DATE SIGNED	5/
2	EXAMINER'S NAME (TYPE OR PRINT)	K.S. AH.	LUWALIA	ADDRESS 2112	, Dunda	Ox Au Kal	1-
(BURIAL CREMATION REM		23c. NAME OF CEMETERY OF	STVIEW . RT	23d. LOCATION CITY OR TOWN Md.		TATE
24. F	DELLA NOCE	& SONS 322 5.	HIGH ST.	25a. DATE F	OCT 1 7 1979	SISTRAL SIGNATURE	

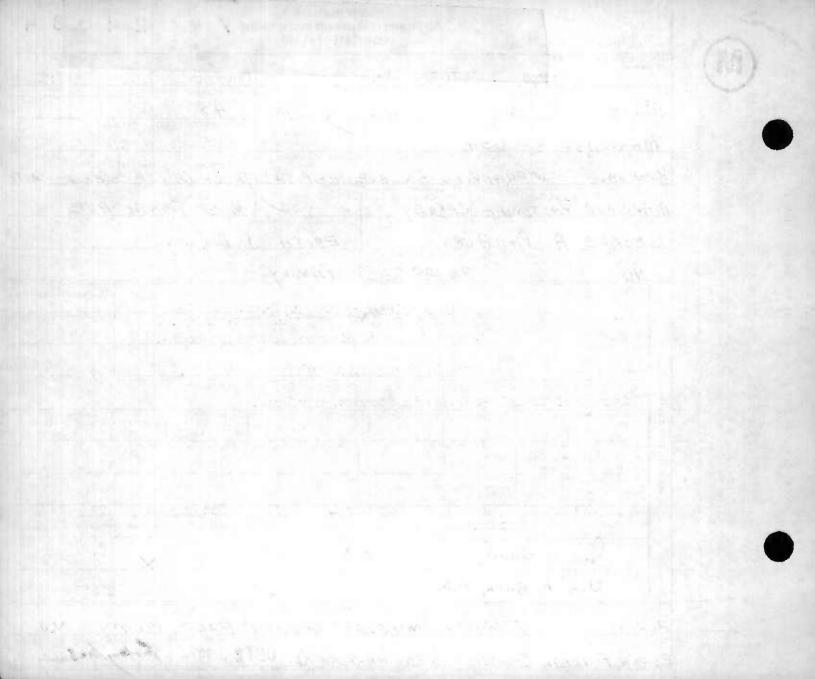


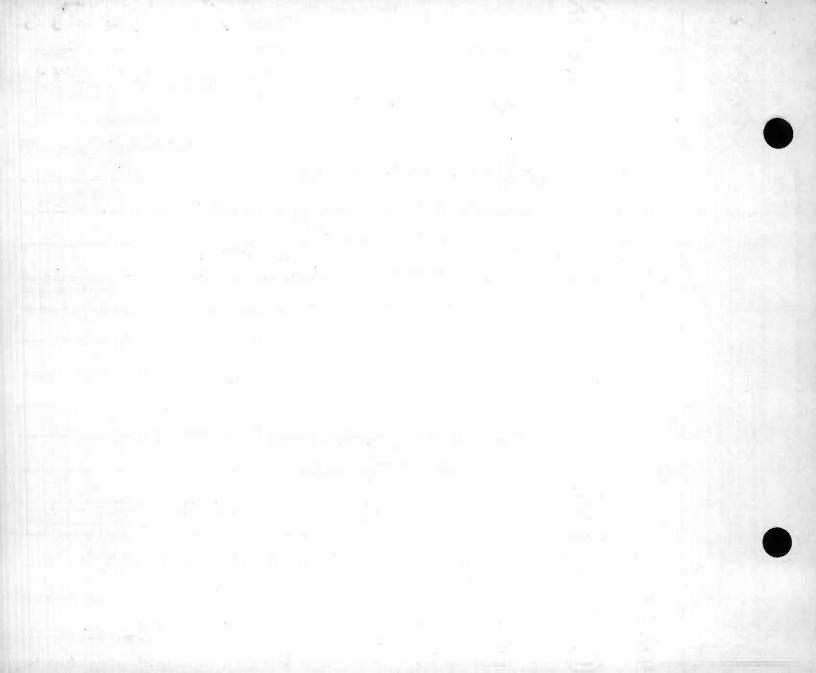
7	-3	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 7 9 2	4083
			CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	28 110 011
	oge ogeth		CHARLES	E	PFAFF	OCTOBER 14,197	9 11:10R
	ctor, pours ofter	3. SE	Male	4 RACE White	5. DATE OF BIRTH MONTH—7—1911 YEAR		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
	dt once.	70. 81 C	RTHPLACE ISTATE OR FOREIGN DUNTRY) Balto M.	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY OF BALTIMORE COU	
103	by the lifed within notified de	1	TY OR TOWN OF DEATH	SAINT JOSEPH	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 213	filled in nould be	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) 13d INSIDE CITY LIMITS? YES YES NO	130 STREET ADDRESS AVe	221234
MARYL	ompletely ond 2 sho	14 FA	Michael Pfaf	MODIE LAST	15. MOTHER'S MAIDEN NA (Lara Pe	ME	LAST
IMORE,	nond comp. Poges 1 on	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 213-12-6		Pfaff - 3329 Orla	ndo Ave. 21234
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	the death certificate the ottending physicial remove carbanpapers emotion, or removal.	878	18 CAUSE OF DEATH lenter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUI	ESPIRATORY ARR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES 4 EARS
IDS, 201 W.	quires that signed by hen please ta burial, cr	NO	underlying cause last. PART 2 OTHER SIGNIFICANT (10 1 10	DEATH BUT NOT RELATED TO THE TERM RETION OF INAPPRI		IN PART 1(a)
AL RECOR	The low recion. cion. sit permit. If giene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH? NO
1 OF VIT	SICIAN: 19 physis certificat riol-tran trem 18 t		21g. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
DIVISION	the the ord	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	OR ATTENDING e hospitol ar a DIRECTOR: Afte sched for use os Dept. of Health f Hem 21 is mork		sow the deceosed alive on abave, 😰 (we) (🙀) (did no			death occurred on the date and hour of	
	ITAL by the sy the RAL deto		22 SIGNATURE SIGNATURE 22 PHYSICIAN'S NAME (TYPE O	da Lovio, MD	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10-14-79
	IO HOSPITAL retoined by the TO FUNERAL should be detained with the State IMPORTANT:	00	TORGE C. S	ECADA-LOVIO,	HD ST. JOSEP	1111111	
273	35 вр		Burial REMOVAL BURIEL BURIEL	23b. DATE 10-17-79 23c. F	vame of cemetery or crematory anders of Fith Ce	23d LOCATION CITY OR TOWN Balto Md E REC'D. BY REGISTRAR 25b. REDISTRA	DUNTY STATE
	DHMH - 16 50M 1/76 (VR A 15 (4))			Inc-6415 Belair	Rd21206 OC	T 1 8 1979 Riota	y Me Creedy

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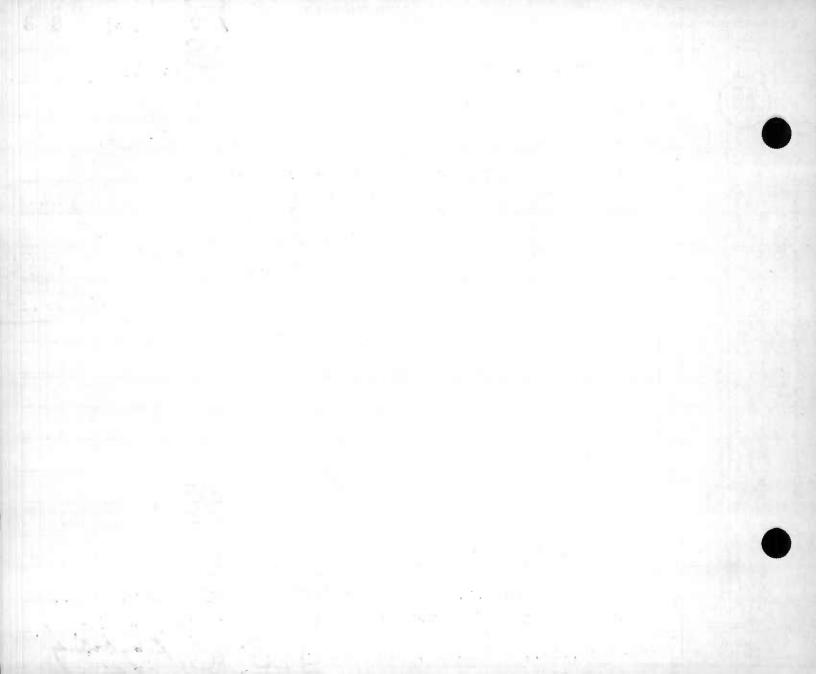
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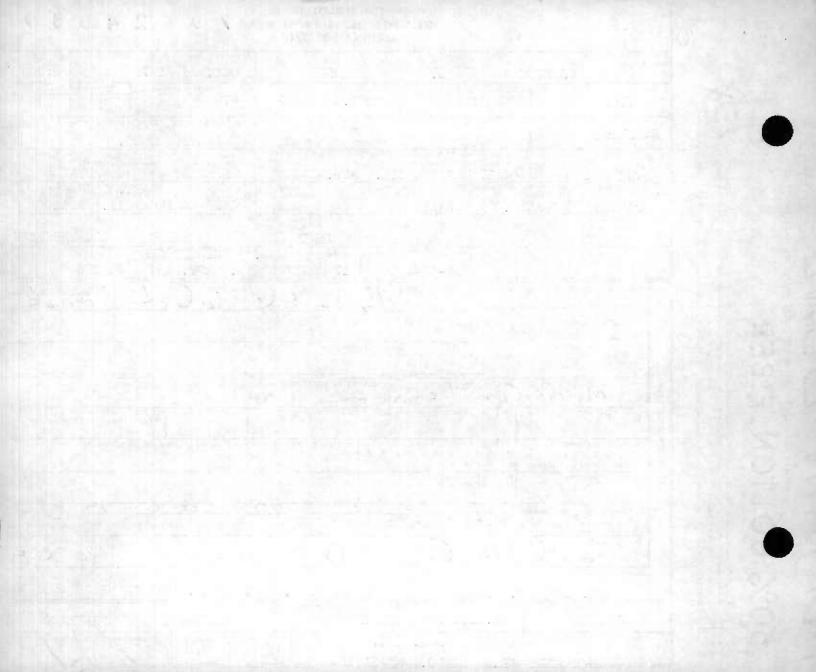
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	2 4	089
	DECEASED NAME FIRST	THE	WIDDLE	DDOCED			2b. HOUR 8:30 A
-		IUS	L.	PROSER 5. DATE OF BIRTH	OCT. 26,		^
3.	MALE	4 RACE WH	ITE	SEPT. 20, 1905	76	MONTHS YRS.	DAYS HOURS MIN
2/70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN USA	OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	-	ATH
20	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED	BALTIMO		MI KIND OF BUSINESS OF
00	MARYLAND	461	7 HORIZON (CIR., APT. 104	(TYPE OF WORK FOR MOST O MERCHANT	F WORKING LIFE) INDU	RETAIL
25		ALTO.	136 CITY OR TOW BALTIMO	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4617 HOR	APT. 10 IZON CIR.	
14	FATHER'S NAME	MIDDLE	ALAST	15 MOTHER'S MAIDEN N	AME		LAST
13/	SOLOMON		₹ROSE	A MINNIE	ESTH		ICHTENSTEIN
1 16	(YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCE GIVE WAR OR DATE:	S)		BESSIE PRE		
	NO		089-09-09	910 4617 HORIZON	CIR., APT.		208
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO	D, OR AS A CONSEQUE		100 CO 100 TO 100 CO		107.1
2		Bizo	er (en	A C P S	CREATE OF CON	JITION GIVEN IN PA	ARI 1(d
9	190 DATE OF OPERATION	196 (00	DINDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
		F DEATH HOUR	AE OF INJURY R. A.M. MONTH DA		RRED (ENTER NATURE OF INJUR	EY IN ITEM 18, PART 1 OR P.	PART 2)
1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ACE OF INJURY NE, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUR	NTY STATE
	220.1 certify that (1) whis h saw the deceased olive abave (1) twe) (did (die			, and that in (my) (bur) apinio	7 , to Occurred on the do	ote and hour and fro	om the couses stoted
	22b SIGNATURE	29.0	lul	DEGREE ATTENDING PHYSICIAN	MEDICAL STAN	FF	10-DK-8
1	22d. PHYSICIAN'S NAME (TY	(PE OR PRINT)		22e ADDRESS			
1	DR. DAV				LFIELD RD.,	OWINGS MI	LLS, MD
23	BURIAL, CREMATION, REMO (SPECIFY)BURIAL	OCT.	.28,1979 B	NAME OF CEMETERY OR CREMATORY ETH TFILOH	BÄLTIMOR	F. H	ARYLAND
24	FUNERAL DIRECTOR SOL				TE REC'D. BY REGISTRAR	25h REGUETAAN S	HOM GURS-dy



P 23 - 11					ST	ATE OF	MARYLAND					
1 45 21		FOR STATE			DEPARTMENT O	FHEALTH	H AND MEN	TAL HYGI	ENE 9	2 4	0 9	0
		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICA	TE OF D	EATH REC	. NO.	L. But	
		CEASED NAME	E FIRST		MIDDLE	0 10	LAST		20. DATE KNOW	N MONTH	DAY YEAR	2b. HOUR
	(TYP	E OR PRINT)	Mary	· • • • • • • • • • • • • • • • • • • •	Patricia	19	Puelzt		OF ESTI-	x 10	10, 79) AA
	3. SE>		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UP	NDER 1 YR. IF L	JNDER 24 HR		HTMOM	DAY YEAR	10:30
	f	emale	white	6 25	38 41	YRS. MONT	HS DAYS HO	DURS MIN	PRONOUNCED DEAD	10	10 19 79	р м
	7a BI	RTHPLACE (S	ATE OR	76 CITIZEN OF W		8. AAA DD	IED X NEVER	AAADDIED T	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
6		REIGN COUNTRY)	d	USA		WIDOV		NORCED [Baltimor	e County	V	MD.
		TY OR TOWN		II NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	HER INSTITUTION		USUAL OCCUPATION		2b. KIND OF B OR INDUS	USINESS
0	0	verlea		5609 I	act Avenue	3			for most of working life			Real.
				OR OTHER INSTITUTION, C	IVE RESIDENCE BEFORE ADM	ISSION)	138. INSIDE CITY LI		STREET ADDRESS			
5	130. S	arvlan	136. COUN	imore	Overle:		4000		609 East	Arronn	0	
	-	THER'S NAME				24	15. MOTHER'S		ME	AVEIIU	LAST	
21		FIRST		MIDDLE	Homeo	0.031	FIRST		MIDDLE		Aheri	
N.	16a V	Leo VAS DECEASE	D EVER IN U.S. ARA	MED FORCES?	Henne:		Mar 17. INFORMAN		ADD	RESS	Aller	
- 1		NO NO		WAR OR DATES)	216-34-	6020	Tohm	T D.	elzt.Sr.	£600	East	A ===
	-					0930	130141	J. Fu	rerze, sr.	3009	I APPROXIMA	
	3	PARTIDE	F DEATH (Enter an EATH WAS CAUSE		e for (a), (b), and (c).)	notio	an adiam	٥٢٠٠٥٥	m dianaa			SET AND DEATH
		1,1		TE CAUSE (a)AI	terioscie	OCTG	Cardiova	ascula	r disease			
VAL.	-01	4.	272	DUE TO, O	R AS A CONSEQUENC	CE OF						
OK KEMOVA			ns, if any, which se to immediate	(b)								
		cause (a	stating the under-		R AS A CONSEQUENCE	E OF						
		lying cau	se last.	(4)								
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIV	/EN IN PART 1 (a)).			
	Z											
	A A	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH O	PERATION	VAS PERFORMEI	D?			20. AUTOPS	Y?
1	CERTIFICATION	10									YES K	NO 🗆
1	ERT	210. EXTERNA	AL CAUSE WAS	21b. TIME C			IOW INJURY OC	CURRED (EN	TER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR		
5		UNDERLYING	OR		M. MONTH DAY Y	EAR						
- age	MEDICAL	CONTRIBUTI	NG CAUSE OF		M. 19 OF INJURY (AT HOME	216 10	CATION			-		
	WEC				CTORY, FARM, ETC.)		STREET		CITY OR TOWN	cour	NTY	STATE
		AT WORK	NOT WHILE C									
		22n. I certi	fy that I taak charc	se of the remains de	escribed abave, held a	n Auto	psy X In	spection	, Inquiry ,	and in my api	nian	
		death result	1	XI mount	Accident .	Suicide	. Hamicide		ndetermined manner			
AKYLAND		geath result	- Natur			Joicide L			.oc/ernmod manner			
	100	ACTUAL	MIM	1 /	~		TITLE (SPEC	Land.		DATE	10-11-	-79
BALLIMORE, MY	1	SIGNATURE	11,01	XXX	10	_	A.D. ASSIS	valle A	MEDICAL EXAMINER	SIGNED	70-11-	12
-		EXAMINER'S	NAMA	W Di	w M 70	1		777	Donn Ot			
-	400	TYPE OR PRI	NT) AII	n M. Dixe			ADDRESS		. Penn St.			
	23a.B	URIAL, CREMA	TION, REMOVAL				OR CREMATORY		d. LOCATION CITY OR TOWN	COUN		STATE
		Burial		10/13/7	9 Garde	ns of	Faith		verlea	Balti	more	Md.
	24. F	UNERAL DIREC	CTOR	ADDRE	ss	1.560		DATE REC'D	1 5 1979 25b.	REGULAXS SI	Malhe	polis
	L	assahn	Funera	1 Home	7401 Be	lair	Road	110	1 5 19/9	. /	1 m 149	1
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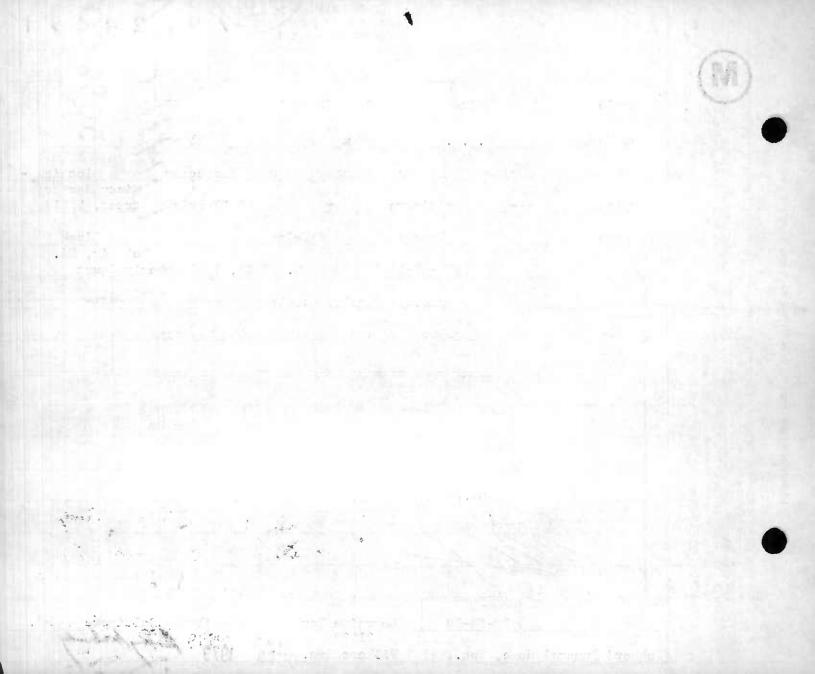
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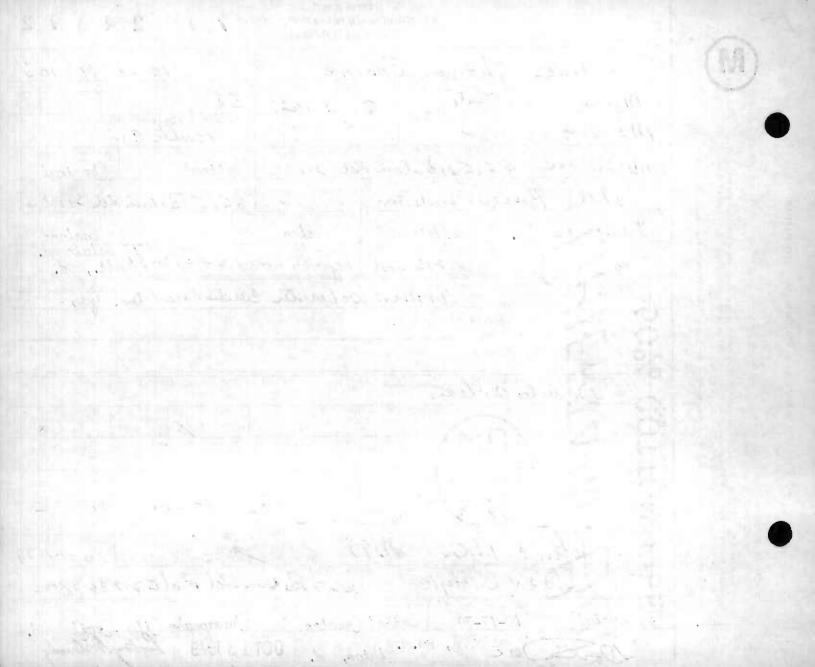
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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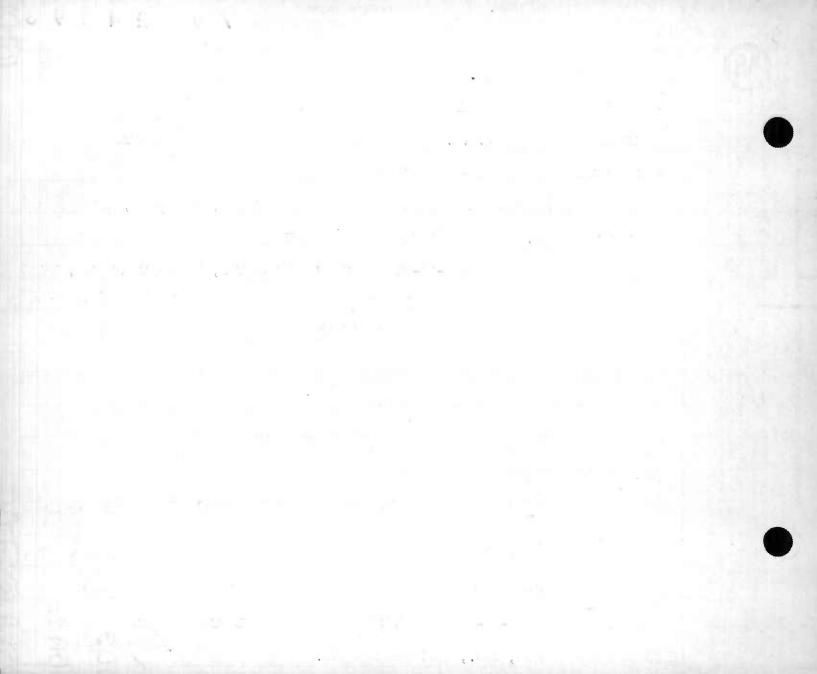
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Jeath	ve co
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	O HOSPITAL OF KITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Fade 4 may etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the lumeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		ENE 7 9	2	4 0	9	3
-		CEASED NAME	FIRST	A	AIDDLE	ı	LAST				AY YEAR	2b. HOU!	8_
	(TYPE	ORPRINT)	ROSA		Ε.	Б.	RAINS			10 3	5 79	83	AM
1	3. SE)			I. RACE	2.	S. DATE C	OF BIRTH		& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	
	,	FEMALE		W	HITE	NONTHOM 30	_	O1	78	₹RS.	ONTHS DAYS	HOURS	MIN.
	7e. BII	RTHPLACE ISTATE OR FO	REIGN 7		WHAT COUNTRY?	1			BALTIMORE CITY O		OF DEATH		
6		KENTUCKY		U	.S.A.	WIDOWE	D NEVER MAR	CED	BALTIMOR	E COUI	VTY		MD.
		TY OR TOWN OF DEAT	TH 1	1. NAME OF		G HOME C	OR OTHER INSTITU		12e USUAL OCCUPATE	ON	12h KIND O	F BUSINE	
0	_	CATONSVILL		SHANG	RI-LA NUF	RSING	HOME	55	HOMEMAKE		INDUSTRY		
0	13a S	AL RESIDENCE (IF NURSI	136 COUNT	OTHER INSTITUTION, [V	13c. CITY OF TOW		134. INSIDE CITY I	LIMITS?	13e. STREET ADDRESS				
٥	-	ARYLAND	BALT	IMORE	LANSDOWN	VE.		区.	300 FIFTH	AVENUE	E_{\star} 2122	7	
	14. FA	THER'S NAME FIRST	м	IODLE	LAST		15. MOTHER'S MA		MIDOLE		LAS	т	
3		GEORGE		<i>N</i> .	REEV			NDY			HAMEL	IN	
			CEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS R UNKNOWN 18 YES, GIVE WAR OR OATES)										
		NO			217-26-	-1280	GENEVA	HUDDI	LESTON, 300	FIFT			1227
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED 8Y									BETWEEN	MATE INTERVI	
		IMMEDIATE CAUSE (o)									- 6		-
- [Conditions, if ony, which								31	when	0	
- 1		gove rise to imm	ediote	(b)									
		couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	NTRIBUTING TO I	SEATH BUT	NOT BELATED TO	THE TERM	NAL DISEASE OR CON	DITION CIVI	N IN PART 10		
	NO	TAKE 2 OTHER SION	II ICAIVI C	51451116143 <u>CC</u>	21418.0011140 10 1	<u>JEANN</u> BOT	NOT KELATED TO	THE TERMIN	VAL DISEASE OR COIN	DITION GIVE	.14 114 1 14 11 11	,	
2	CERTIFICATION	19a DATE OF OPERATION 19b COND			TION FOR WHICH OPERATION WAS PERFORMED			ED	200 AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE			GS USED	u2
7	TIFF								YES NO		CAUSES	NO [
7		21a. ACCIDENT WAS UND		216. TIME O		AY YEAR	21c. HOW INJUR	YOCCURRE	D (ENTER NATURE OF INJUR	LY IN ITEM 18, PA	RT 1 OR PART 2)		
	TV:	OR CONTRIBUTING C		n	P.M. 19								
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	ABAL ETC.	211 LOCATION	•	CITY OR TOW	/N	COUNTY	STA	75
	2	AT WORK NOT WHI	ILE	TAT TOME, STA	EET, PACTORY, OFFICE, P	C)	_		1-	7	317	(IE
		220.1 certify that (I) (this hospite	I) ottended the	e deceosed from_	C		9	7. to 10	2	9/	the fill to	e) lost
		sow the decease above. (1) (we) (di	d ofive on	view the body	ofter death	1.4.01	nd that in (my) low	opinion d	eath occurred on the do	ote and hour	and from the	couses sto	ted
		226. SIGNATURE		2 0			DEGREE	4			22c. DATE	SIGNED	
		LACK	50	Lese	1		PHY	NDING SICIAN	MEDICAL STAI	IAN 🗌	(6-	2	75
		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			220 ADDRESS	^	010	1	\ -		
4			RE	M JA	NA		5	00	200	تس	1000)	
	73a 8	SURIAL, CREMATION R	REMOVAL	236. DATE			EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	
4	24 51	BURIAL UNERAL DIRECTOR		10-08	- 79		DON PARK	ISA DATE	BALT IMOR		Y M	ARYL	AND
		NAME			AOORESS		21229	OF DATE	1979	prop	17.00	ready	
4	HU	BBARD FUNE	RAL H	OME, IN	C., 4107	WILK	ENS AVE.	UU	0 13/3		/	1	



jo	1.	FOR STATE REGISTRAR			MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	iene 7	9 2 4 0 9 REG. NO.					
		CEASED NAME	FIRST	MIDE	DIE	ŧ.	AST		20. DATE OF	DEATH A	AONTH	DAY YEAR	26. HOUR	
			George	T	1	Rar	nson				10	1 79	10:4	15 P
	3. SE	х		RACE		5 DATE C			& AGE (IN YE	ARS LAST BIRTH		# UNDER I YEA		
3		Male		Negro		MONTH 9	18	95	84	78	XXYRS.	MONTHS DAYS	HOURS	MIN
1)	70. B	RTHPLACE (STATE OR I	FOREIGN 7	L CITIZEN OF WH	HAT COUNTRY?	L	D NEVER MA	00150	9 BALTIMO			OF DEATH		
14		Marvla	ba	U.S	. A.	WIDOWE		ORCED	Bal	timor	e Cou	intv		М
71	10. C	Catonsvil	ATH 1	11. NAME OF HOSPITAL, NURSING HOSPITAL PROTESTABLE ADDRESS OF THE PINES		G HOME O	ROTHER INSTIT	LITION	12a USUAL C (TYPE OF WORK	OCCUPATIO	N	12b. KIND	OF BUSINES:	
33	13a S	AL RESIDENCE (# NUM STATE Jaryland		OTHER INSTITUTION, GIV		ADMISSION)	13d. INSIDE CIT		134. STREET A	North	east	Avenue		
30	14 F/	THER'S NAME FIRST Unkn	м	IDDIE	LAST		IS MOTHER'S A	tst	AÉ.	WIDDLE	- 52	ı	AST	
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? 16 WAR OR DATES) 2	15-05-8		17 INFORMAN House i		Pines	Balt		Fustir , Mary		
	PART 2 OTHER		mediate ng the e last	(b)	SA CONSEQUE	NCE OF	Q. Me atze NOT RELATED TO	ply	NAL DISEASE	- GOR COND	ITION GIV	EN IN PART 1	(01	
9	CERTIFICATION	19a DATE OF OPERA	ATION	1% CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORM	MED	200 AUTO	PSY?	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?	?
9	_	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.M.	MONTH DA	YEAR	21c HOW INJU		ED (ENTERNAT	URE OF INJURY	IN ITEM 18, P.	ART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR	VHILE	21e. PLACE OF (AT HOME, STREET,	INJURY T. FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	1	· śa	CITY OR TOWN	1	COUNTY	STATE	E
		22a.1 certify that (I sow the decease above, (I) (we) (sed olive on_	d) oftended the d	19	, on	d that in (my) (a	19	eoth occurred	d on the dot			that (1) (we couses state	,
4				- 4										
		226 SIGNATURE	1 m	regn	· .	mil	DEGREE ATI PH	TENDING L	MEDICAL DIRECTOR (STAFI	: AN []	12c DAT	SIGNED	
		226 SIGNATURE 226 PHYSICIAN'S N	AME (TYPE OR	PRINT)	· (,	m.l.		TENDING L	MEDICAL DIRECTOR (STAFI PHYSICI	: AN 🗌	10-	SIGNED	-

23c NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

23d. LOCATION CITY OR TOWN

Park | Arbutus | 250 Date REC'D. BY REGISTRAR 256 | OC 3 1979

STATE

COUNTY

Maryland

DHMH-16 20M (VRA 15, 4) 7/7B

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

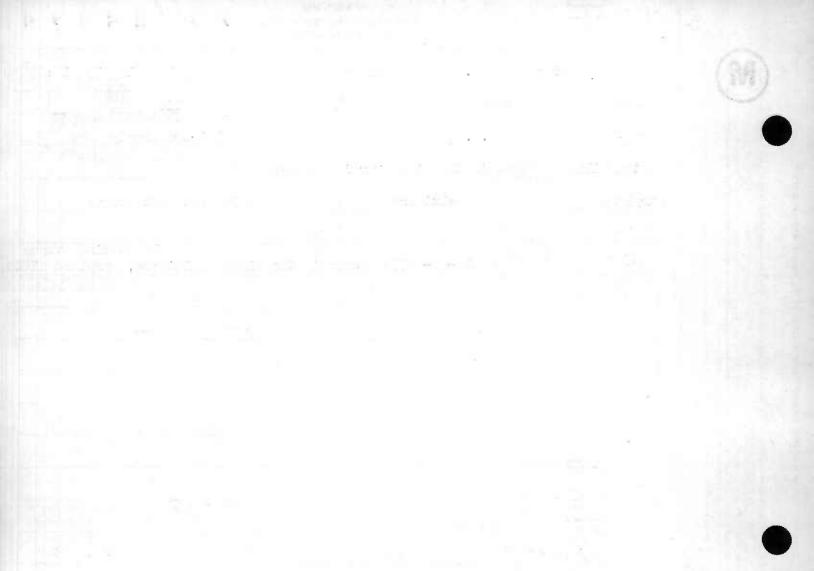
24 FUNERAL DIRECTOR

Burial

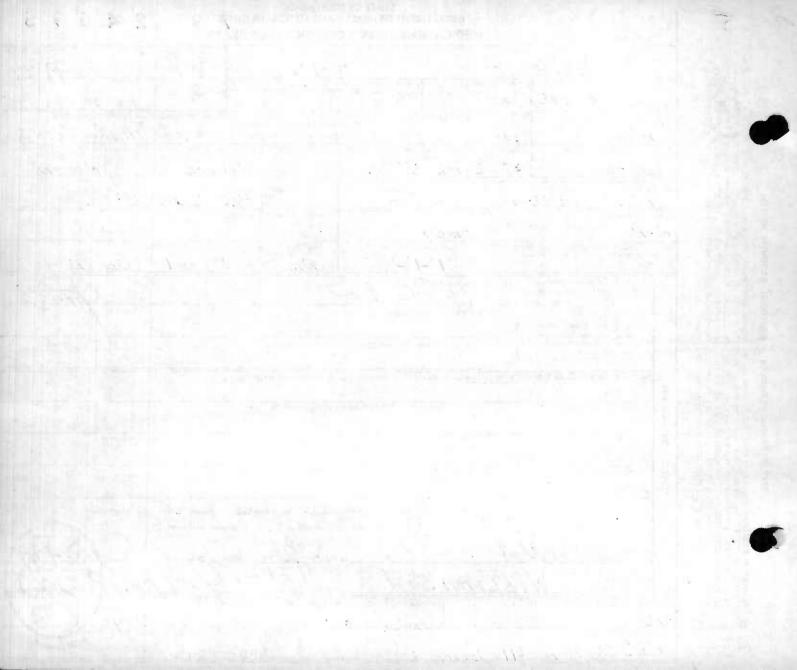
23b. DATE

10/6/79

Wm. March F/H 1101 East North Ave.



A	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 2 4 1 4 5 5									
10	1-	STATE		XAMINER'S CERT		ATU	24095					
	1 00	REGISTRAR CEASED NAME FIRST	MEDICAL	AAMINER'S CERT	IFICATE OF DE	KEG. IN						
1000010000		PE OR PRINT)	C	0	21/	20. DATE KNOWN OF ESTI-	10 00 -					
E SES SE	1.65	VIOLA		11/	/ Y	DEATH MATED	V 14 / 1 / V 20 !					
and a state	3. SE		S. DATE OF BIRTH	6. AGE (IN YEARS IF UNDER 1	YR IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH DAY YEAR 2d. HOU!					
- (AME)		rale caucasi	nharch 8 23	O YRS.		DEAD	10 22 1979 1.955					
の発生を	/a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	RY?	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH					
Z En		uryland	uso.	WIDOWED (WALL	MOKE COVNTYME					
. 21201 L. IF ANY DELAY IS 2, AND 3 TO THE SHOULD BE FILED ALRECORDS, 301 V	ID. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	SING HOME, OR OTHER INS REET ADDRESS)		WAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY					
201 ANY DELAY AND 3 TO TH RETAIN PAG OULD BE FIL		odlawn	(502 "indsor 1	ill Rd.	cle	aners	cleanery					
ORD JORD	13a. S	AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE ITY 13c. CITY	BEFORE ADMISSION) OR TOWN 13d. IN	NSIDE CITY LIMITS? 13e. ST	REET ADDRESS						
IF AND 3. RETAND SHOUL RECOLUTECO) /c	ruland Balt	more losc	Lawn YES		12 Vindson 1	ill Rd.					
M 3. 17 AL	14. F.	ATHER'S NAME FIRST	MIDDLE	AST	OTHER'S MAIDEN NAM	E	LAST					
PE MD.	CRob	ert 1	. Prooks		la	P	Lytle					
AOR ORA ON O	16a. \	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)		FORMANT	ADDRESS	,					
15T., BALTIMORE, MD. 21201 HOURS AFTER DEATH. IF ANY DELA M. 18. GVE PAGES 1.2, AND 3. TO NG WITH FORM, PM. 3. RETAIN PA RMIT. PAGES 1. AND 2. SHOULD BE F RMIT. PAGES 1. AND 2. SHOULD BE F RMIT. PAGES 1. AND 2. SHOULD BE	<u>ا</u> ا	no	215-	14-4886 Ma	rion Repp R	t2 Box 104	Union Bridge					
WI WILL		18 CAUSE OF DEATH (Enter or	ly ane cause per line (a) (b)	Brighten) /			APPYORMATE INTERVAL					
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. (PROPE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIALTRANSIT PERMIT. PAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAIL MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	(/ 2			(AAK)					
		4292	DUE TO, OR AS A CON	SEQUENCE OF			1					
		Canditians, if any, which	(b)				1					
W. W		cause (a) stating the <u>under</u>		SEQUENCE OF								
SON PER		lying cause last.	(c)				Mark Control of					
PA BUN		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	EO TO THE TERMINAL DISEASE OR COP	NDITION GIVEN IN PART 1 (a).							
BE BE ALDIN	N N											
UID UID HE A	MEDICAL CERTIFICATION	190. DATE OF OPERATION	20 AUTOPSY?									
A CHEST	식폴		YES D NO D									
WE BUR	3 8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW IN	JURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)					
SH COUNTY OF	3	UNDERLYING OR CONTRIBUTING CAUSE OF		19								
VISIGN SERVING TO SERVING THE	i i	21d. INJURY OCCURRED	21e PLACE OF INJURY STREET, FACTORY, FARM, ET		N	CITY OR TOWN	COUNTY STATE					
PIN ON WRITE CARD ARD ARD OF PIN	>	WHILE NOT WHILE [J SIRCEI, FACTORI, FARM, EI	C.)		CITORTOWN	COUNTY					
E, v RW STA 2120		22a Leastifu that Ltack char	ge of the remains described abo	ve, held an Autapsy	, Inspection .	havin [7]	nd in my apinian					
S TE	25		ral causes . Accident				та ти ту артпап					
REC BE		dedin resolled from: Naro	rdi couses [], Accident			termined manner,						
MAR WAR		ACTUAL MINE	Weman "	M.	TLE (SPECIFY)	DIG.11 5V	DATE 10/22/29					
CAIL THE SHOE EATH		SIGNATURE	/-	M.D.	WEL	DICAL EXAMINER	SIGNED					
WA DE A DE ONE	4.	EXAMINER'S NAME (TYPE OR PRINT)	1. LL 8.AM 5	O N ADDRI	5357	BAKIO N	AT 1818 2028					
TO PAG PAG PAG PAG	23a. B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREA		OCATION Y OR TOWN	THE TAX PROPERTY OF					
	111	SPECIFY)	25 0 -1 70	· Panh C	101	11 01,	COUNTY STATE					
BP	24. F	UNERAL DIRECTOR	C) 1 CT /4 LON	raine two C	25a. DATE REC'D. B	Y REGISTRAR 256. REG	ISTRAN'S SIGNATURE					
(VR A15 ME (5)) 30M 7/73	90	hn J Stansbury	6411 Windson	1:11 21	NOVO	5 14/9	Textray Mc Creedy					
30M 7/73	V	o a wording	UTIL INDADA	LLLKd	3111	10101	/ /					

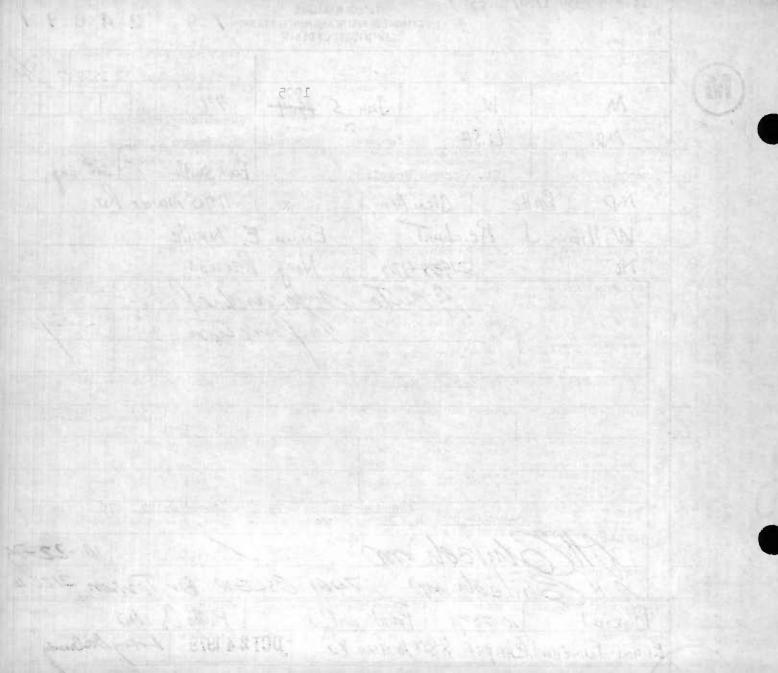


1			STATE OF MARYLAND	
		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENEY	4 11 9 6
2		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	7 0 7 0
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONT	H DAY YEAR 26 HOUR
		E OO BOINT)		10.07
		JAME		
(Bull's	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 24 HOUR
(TOTAL	22	MIN	MONTH / DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 10/	13 1979 PM
	Ja. B	RTHPLACE (STATE OR	1/b CITIZEN OF WHAT COUNTRY?	
品番品を含って	FC	REIGN COUNTRY)	MARRIED WIEVER MARRIED	m
25 D	10.0	m D.	WOOMED E SHOKELD E STILLTON	COUNTY MD.
AV IS THE 301 C	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	OR INDUSTRY
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	DUNDALK	7304 MANCHESTER RD	WEST, ELEC
			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	17.00
F AND 3 T SHOULD B	113a. S	MA D 136. COUN		
2 4				ester Ro
TA STA	14, F/	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
	1	TAMES W	1. RAYNER MARGUERITE BETZO	10
AORE, ORW. CORW. N OF	16a. V	VAS DECEASED EVER IN U.S. ARA		
MI TAN SES	{Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 212 09 2145- DOROTHY RAYNER	ABOVE
BALTIMORE, URS AFTER DE 8. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF				APPROXIMATE INTERVAL
3 m L		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly ane cause per line for (a), (b), and (c))	BETWEEN ONSET AND DEATH
W. PRESTON ST., D WITHIN 24 HOL FENCIL IN 1EM 18 MAINER ALONG V ENTAL IN TERMIT FERMIT REMOVAL		IMMEDIAT		771
STOR		410-	DUE TO, OR AS A CONSEQUENCE OF	
W. PRESTON WITHIN DO WITHIN AMINER A AMINER A ENTAL HYOR REMOVAL		Conditions, if ony, which	frame (dranger x tex inselexans	
W. P.		gove rise to immediate couse (o) stating the under-		
UTED WITH N PENCIL IN N PENCIL IN RAL-TRAINES N MENTAL IN OR REMOV		lying cause lost.	DOL TO, ON AS A CONSEQUENCE OF	
			(c)	
ECORDS, 3 BE EXECTION OF THE PROPERTY AND	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
MED NO BE	O			
AL REGISTRES NOTE OF THE AUSED OF HEAD	1 =	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TALI RP " CHIEF CHIEF OF H	1 2			YES NO
ON OF VITA FICATE SHC THE WORD TO THE CH HOULD BE UI RETMENT OF TO BURIAL,	E	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	
CATI VIEW OF THE VALUE OF THE V	O	UNDERLYING DOR	HOUR A.M. MONTH DAY YEAR	7.701.2)
ON THE ON THE	1 5	CONTRIBUTING CAUSE OF		
VISIO CERTIF ING ING ING 3 SHO BEPAR	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVIS HIS CER ARITINIA ARDED AGE 3 S VIE DER	Σ	WHILE DOT WHILE DAT WORK] SINCE T, FACTOR T, FARM, ETC.)	COUNTY
13475				
FOR SHE S		226. I certify that I took chorg	ge of the remains described above, held on Autapsy 🔲, Inspection 🔀, Inquiry 🛣,ond in my	opinion
AN TITLE NA		death resulted fram: Natur	ral causes	
EXAA CERT ULD DIRE WITH		10-	TITLE (SPECIFY)	, , ,
		ACTUAL SIGNATURE	1//2 male Dent DAT	E /6/13/29
DICAL TE THE 4 SHOIN NERTH, ORE, M		SIGNATORE	m.b	NED /
ON ON O	1	EXAMINER'S NAME K.	S. AHLUWALIA ADDRESS 2112. Dundalk A	1 41 1222
SONEDE.		(TYPE OR PRINT)		VV FIY AIA Z
PACT PACT BALL	23a. B	URIAL, CREMATION, REMOVAL 2	236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	DUNTY STATE
BP	1	BURIAL	10/16/79 OAK LAWN BALTO. MD.	
DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR	SIGNAURA
(VR A15 ME (5))	7	5. CONNEL	1 × ADDRESS CO M A C F 0CT 1 7 1979	al working
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STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 7 9 2 6	4098
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST	MIDDLE TANK	LAST	20. DATE OF DEATH MONTH DAY	10.1100%
de de de				EID	OCTOBER 4,1979	
ge 4 mc	3 SE)	FEMALE	WHITE	S. DATE OF BIRTH FEB. 11,1923		UNDER I YEAR IF UNDER 24 HRS
nerol de n 72 hou	7a. 81	MARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY O	
by the filled with notified a	10. CI	TOWSON	507 STEVENSO	G HOME OR OTHER INSTITUTION ADDRESS N LANE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MANAGER	176 KIND OF BUSINESS OR INDUSTRY HOME
should be	130. S MA	ARYLAND BALTI	THER INSTITUTION, GIVE RESIDENCE BEFORE TOWSON TOWSON	YES NO K	13e STREET ADDRESS 507 STEVENSON	LANE
and 2 and 2		HENRY A. BLAIR	IDDLE LAST	IS. MOTHER'S MAIDEN NA/ FIRST FLORENCE	BOOTH	LAST
on ond co Poges 1	16a V (Y	VAS DECEASED EVER IN U.S. ARM es, no or unknown) { (if yes, give v NO			ADDRESS EID SAME	
death certhicote offending physici ye carbon popel hon, ar remavol.		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which		NCE OF MONOY	ses	SMVD.
d by the cose remo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AYA CONSEQUE	nce of on a of the 13	reast	3/n/o.
equires in signed Then pli r to buris injury, o	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	EATH BUT NOT REVATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
he low an. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	195. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
ICIAN: TI g physici entificate ial-transi ntal Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER_NOTHY MEDICAL EXAMINER)	HOUR A.M. MONTH DA		RED (ENTER-NATURE OF INJURY INJUREM 18, PART	OR PART 2]
G PHYS attending er this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CHTORTOWN	COUNTY STATE
TTENDIN pitol or 1 TOR: Aft for use o of Heolth 21 is mor		22a I certify that (I) (this hospital saw, the deceosed alive on	view the body offer/death.	9, and that in (my) (ar) opinion	death occurred on the date and hour o	nd from the couses stoted
by the hos by the hos IERAL DIREC ie detached Stote Dept.		22h SIONATURE	The state of the s	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4/79.
etained by TO FUNER should be d with the Sto	1	GEORGE J. R		.D. 6701 N. CHARI	LES ST. TOWSON, M	ARYLAND
BP	23a. E	SURIAL, CREMATION, REMOVAL CREMATION		JAME OF CEMETERY OR CREMATORY GREEN MOUNT	23d LOCATION CITY OR TOWN BALTIMORE CITY,	MARYLAND

6500 YORK RD. BALTO., MD.

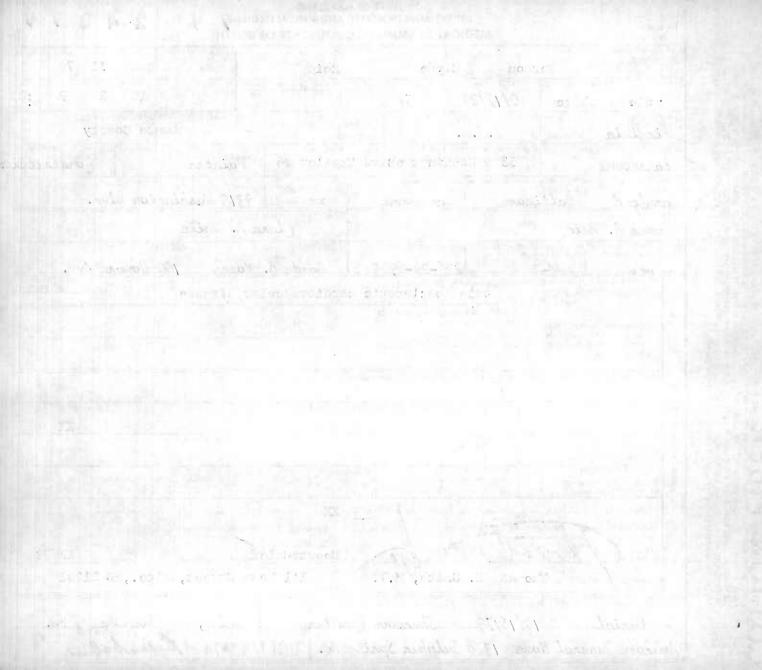
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC.

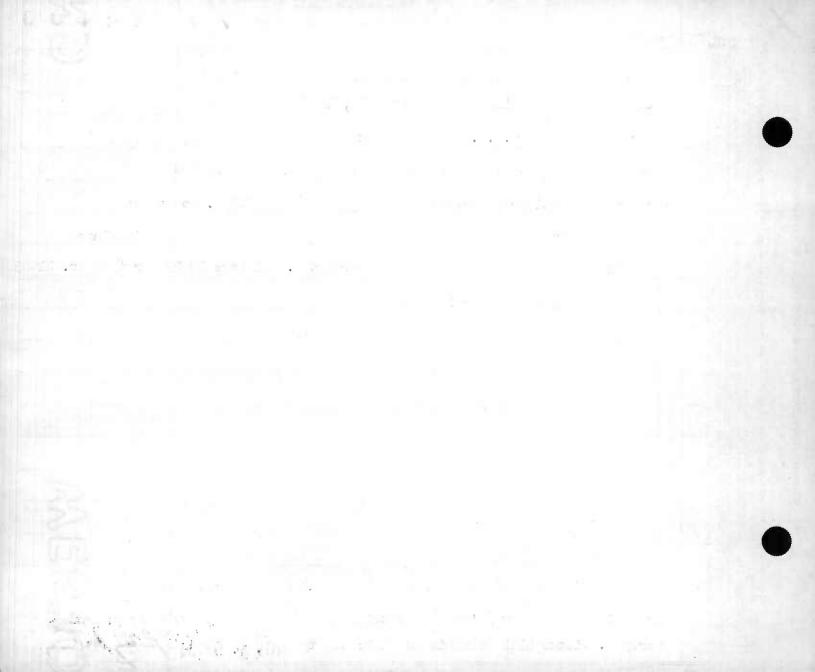
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6/	11-	FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 0 9 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										19	
8	I DE	REGISTRAR CEASED NAM	FIRST	N	MIDDLE	EXAMINE	ER'S CE		ATE OF	DEATH		EG. NO.			
W 21 2 W 25		E OR PRINT)		rnon	Clyc	do.		Reid			OF EST	The Control	0 1.1		2b. HOUR
FILES	3. SE.	K	4. RACE	5. DATE OF BIR		6. AGE (IN YEAR			FUNDER 2		DATE MAI	WOL			A 2d, HOUR
20203		male	white	10/17	724 YEAR	54 YRS			HOURS		NOUNCED	10	12	79	8:00 M
(我们)		RTHPLACE (5'	ATE OR	76. CITIZEN OF			l.	□ NEVE	RMARRIE	9.8		CITY OR CO			1 1 - M
10 2 m 3 2 0 2	0 1	irginia			S.A.		WIDOWE		DIVORCE	D Æ		imore		ty	MD.
ELAY B TO THE PAGE BE FILED) 1	ansdown	re	11. NAME OF H	"Washin	igton B1	vd-Tr		#4	FOR MOST	OCCUPATION OF WORKING L	N (TYPE OF W	ORK 12b	ORINDUSTS ORINDUSTS ON OR	SINESS Putti
F ANY D AND 3 RETAIN HOULD RECORD	13a. S	TATE LAND	15 IN NURSING HOME OF Balt	ROTHER INSTITUTION TY imore	13c. CITY	DEFORE ADMISSION OR TOWN	13	Id. INSIDE CITY Yes x	LIMITS?	33.15	ADDRESS.	ington	BLvc	d.	a .
MORE, MD. TER DEATH PAGES 1. 2 FORM PM 3 S 1 AND 28 ON OF VITAL	14. F.	ather's NAME		WIDDLE		LAST		5. MOTHER' FIRS	Clar	La M.	Whate			LAST	
SIC	160.	VAS DECEASEI	DEVER IN U.S. ARM							wand	and Ave.				
2 X X X X X		18 CAUSE O PART I DE	F DEATH (Enter onl ATH WAS CAUSED	y ane cause per l BY: A E CAUSE (a)	line far (o), (b)		-			ar di		00 70		APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
RECORDS, 301 W. PRESTA ILD BE EXECUTED WITHIN PENDING" IN PENCIL IN A MEDICAL EXAMINER A ED AS A BURIAL TRANSIT HEALTH AND MENTAL HYC REMATION, OR REMOVAL		gove ris cause (o) lying cau	is, if ony, which e to immediate stating the under-se lost.	(b)	OR AS A CON	SEQUENCE OF	F	P CONDITION C	SIVEN IN BART	10					
		190. DATE OF				WHICH OPERA				1 (0),			20	AUTOPSY?	
NE SUR	CAL CERTIFICATION	UNDERLYING	CAUSE WAS	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOV	V INJURY O	CCURRED	ENTER NATU	RE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	YES XX	NO []
BIVISION O R: THIS CERTIFICA FE. WRITING THE RWARDED TO 1 R PAGE 3 SHOUL STATE DEPARTM	MEDICAL	21d. INJURY C			E OF INJURY FACTORY, FARM, ET		21f. LOCA STRI			СІТ	Y OR TOWN		COUNTY		STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE E 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE FINORE, MARYLAND, 20 1	2	270. I certify that I took charge of the remain described above, held an Autopsy XX, Inspection , Inquiry , and in my opini death resulted from a condent , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) DeputyChief MEDICAL EXAMINER SIGNED. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS								ATE 1	10/13/	<u>′79</u>			
BATTE BATTE	(ION, REMOVAL 23	10/16/7		She nuco	ETERY OR	netenu		23d. LOCAT	em.	Roa b. REGISTRAI	county	Vo	ATE
DHMH - 17 (VR A15 ME (5)) 30M 7/73			Fureral H	ome 73	28 Su4	phur Sp	ring		OCT 1	1 5 19	79	Espay.	hes	Presoly	



	1 00	REGISTRAR	RST	MIDDLE		ICATE OF DEATH	REG. N				
1)	(TYP	CEASED NAME FI	KSI	WIDDLE		ASI		MONTH DAY	YEAR 2b. HOUR		
,	3. SE	Frieda	I4 RACE		Rein		10/31/79		5:10A		
		F _e male	White	9		28, °1895 EAR	4 AGE (IN YEARS LAST OR)	MONTHS YRS	DAYS HOURS MI		
99	7a. B	IRTHPLACE (STATE OR FOREIG	76 CITIZEN C	F WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O		ATH		
1		Germany	U.S.		WIDOWE	DIVORCED [Baltimore	County			
56	10 €	Towson	(IF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESSI	ROTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWII	ION DE WORKING LIFE IND C	KIND OF BUSINESS (DUSTRY		
	USU	AL RESIDENCE (IF NURSING			E ADMISSION)						
6			altiomre	Towson	N	131. INSIDE CITY LIMITS?	305 E. Jo	ppa Road			
30	14. F.	ATHER'S NAME FIRST Unkno	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST MIDDLE WINKelmann					
1		WAS DECEASED EVER IN U	J.S. ARMED FORCES	? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR				
		No				Herbert G. R	einecke 100	cke 10029 Carriga			
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CALISED BY						APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
		IMA	MEDIATE CAUSE (0)_	Cardiogen	ic Sho	ock			5 hours		
		410-		OR AS A CONSEQUE							
	1	Canditians, if any, wh	nich (1b)	Acute Myo	cardie	Tweenstran					
	1	gave rise to immedi	ate		Carul	ar Intarction			2 days		
			ate	OR AS A CONSEQUE		at intarction			2 days		
		cause (a), stating underlying cause li	ate the ost. DUE TO,	OR AS A CONSEQUE	ENCE OF		RINAL DISEASE OF CON				
	NO	cause (a), stating underlying cause li	ate the ost. DUE TO,	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	RINAL DISEASE OR CON				
9	CATION	cause (a), stating underlying cause li	ote the DUE TO, ost. (c) CANT CONDITIONS	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN I	PART 1(a)		
9	TIFICATION	couse (a), stating underlying couse li	ote the DUE TO, ost. (c) CANT CONDITIONS	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN I	PART I(a)		
99	CERTIFICATION	PART 2 OTHER SIGNIFIC	ote the DUE TO, ost. (c) CANT CONDITIONS. 19b CON	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN I	PART I (o) E FINDINGS USED CAUSES OF DEATH? NO		
99		PART 2 OTHER SIGNIFIC	ote the DUE TO, ost. (c)	OR AS A CONSEQUI	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY?	DITION GIVEN IN I	PART I (o) E FINDINGS USED CAUSES OF DEATH? NO		
99		cause (a), stoting underlying cause li. PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED	and the difference of the conditions of the cond	OR AS A CONSEQUE CONTRIBUTING TO E IDITION FOR WHICH OF INJURY A.M. MONTH D	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	PART I (0) E FINDINGS USED CAUSES OF DEATH? NO PART 2		
99	MEDICAL CERTIFICATION	COUSE (a), stofing underlying couse In PART 2 OTHER SIGNIFIC 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	and the difference of the conditions of the cond	OR AS A CONSEQUE CONTRIBUTING TO E IDITION FOR WHICH OF INJURY A.M. MONTH D, P.M. E OF INJURY	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	200. IF YES, WERE IN CERTIFYING CYES OR THE TOTAL RY IN ITEM 18, PART 1 OR	PART I (0) E FINDINGS USED CAUSES OF DEATH? NO PART 2		
99		COUSE (a), storing underlying cause In PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION OR CONTRIBUTING CAUS (# EITHER, NOTEY MEDICAL EX 21d. INJURY OCCURRED AT WORK A WORK 22a. I certify that (I) (this	ote the OUE TO, ost. (c)	OR AS A CONSEQUE CONTRIBUTING TO E IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 211 LOCATION STREET	200 AUTOPSY? YES NO CENTER NATURE OF INJUI	20b. IF YES, WERE IN CERTIFYING OYES THE TIME TO THE T	PART I (0) E FINDINGS USED CAUSES OF DEATH? NO PART 2] PART 2] INTY STATE , that (I) (we) I		
99		COUSE (a), stoting underlying couse In PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 12a. I certify that (i) (this say the deceased on oboy 11) (we) (did)	ote the OUE TO, ost. (c)	OR AS A CONSEQUE CONTRIBUTING TO E IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceased from	OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR! 211 LOCATION STREET 170 19 d that in (my) (aur) apinian	200 AUTOPSY? YES NO CENTER NATURE OF INJUI	20b. IF YES, WERE IN CERTIFYING CYES RY IN ITEM 18, PART LOR	PART I (a) E FINDINGS USED CAUSES OF DEATH? NO PART 2 UNITY STATE , that (I) (we) I rom the causes stated		
999		COUSE (a), stofing underlying couse In PART 2 OTHER SIGNIFIC 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 100 THE Sow the deceased o	ofe the ost. CANT CONDITIONS 19b CON 19b CON 19b CON 19b CON 19b CON 21b TIME E OF DEATH HOUR AMINER) 21e PLAC (AT HOME. s hospital) attended live an 10/	OR AS A CONSEQUE CONTRIBUTING TO E IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceased from	OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET 217 19 d that in (my) (aur) apinian	YES NO CITY OR TOY to 10/31/ death accurred on the di	20b. IF YES, WERE IN CERTIFYING C YES RY IN ITEM 18, PART 1 OR WN COU 70 19 ote and hour and fr	PART I (a) E FINDINGS USED CAUSES OF DEATH? NO PART 2 INITY STATE , that (I) (we) I rom the causes stated R. DATE SIGNED		
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	7	PART 2 OTHER S	IGNIFICAN	T CONDITIONS	CONTRIBUT	TING TO DEATH	BUT NOT REL	NTEO TO THE TEI	MINAL DISEAS	E OR CONDITI	ON GIVEN IN	PART 1 to).			NO.					
1	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?										2	a AUTOPS	SY? .						
1	IFIC					196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						(BODY				BODY YES 🔯	ONLY)			
	CER	21a. EXTERN	arment.			16. TIME O	FINJURY	DAY VE	21c. H	OW INJUR	YOCCUP	RED LENTE	R NATURE O	OF INJURY	IN ITEM 18	8 PART 1 O	RPART 2]			
1	CAL	UNDERLYING CONTRIBUTI			DEATH	P.N	1.	/30/19 /	9	Inhale	ed au	ito e	xhau	st :	fume	S				
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		AUTO STOLEN			ge of the	emains de	scribed ob	ove, held on	Autor	DY ON	Inspec	tion ,	Inqu	uiry [], 。	and in my	opinio	n		
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1		remati			Oct	. 2, 197		Loudon			lator	y]	By REGIS	TRAR	25h IIF	TRAR	Mar	rylan	d	
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WHITE JU. ATÉ OR 76 C ID OF DEATH 11. I IF IN NURSING HOME OR OTH 13b. COUNTY BALTIM	DATE OF BIRTH ONTH DAY JEY 11,19 CITIZEN OF WHA USA NAME OF HOSP (IF NOT IN SUCH FACE 6614 WYCC HER INSTITUTION, GIVE FORCES? OR DATES) THE COURSE POR INFERENCE AUSE (a) DUE TO, OR A (b) DUE TO, OR A	VEAR 16. AGE (IN YE LAST BIRTHD 73 YI AT COUNTRY? IITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) DMBE WAY RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN TOWSON RETTALIATA 16b. SOCIAL SECURIT 216-03-019 (a), (b), and (c),) SA CONSEQUENCE (c)	ETTALIATA EARS IF UNDER 1 Y OAY) WONTHS DAYS (RS. MONTHS	A VEX. IF UNDER 24 VEX. HOURS MI NEVER MARRIED DIVORCED ITUTION 120 INC. 130 DITHER'S MAIDEN NO DELAIDE ORMANT	20. DATE KNOOF EDEATH MAN PRONOUNCE DEAD PRONOUNCE DEAD PRONOUNCE DEAD PRONOUNCE DEAD PART FOR MOST OF WORKING ETAL ROLL 2. STREET ADDRESS 6614 WYCO	MONTH MONTH TO THE COUNTY OF COUNTY OF COUNTY OF WORK ER	19 79 NTY OF DEATH NTY 120. KIND OF BUS OR INDUSTR' METAL DISNEY	2d HOUR MD INESS
ANTHONY 4. RACE WHITE JU ATE OR JE DE DEATH JISH G DE DEATH JISH OF DEATH J	DATE OF BIRTH DAY ILY 11,19 CITIZEN OF WHA USA NAME OF HOSP (IF NOT IN SUCHFACE BOOLE FORCES? OR DATES) THE COURSE POR INFE AUSE (a) DUE TO, OR A (b) DUE TO, OR A	YEAR 16. AGE (IN YE LAST BIRTHD 73 YI AT COUNTRY? ITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) MBE WAY RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN TOWSON RETTALIATA 16b. SOCIAL SECURIT 216-03-019 (a), (b), and (c), one of the country of	ETTALIATA EARS IF UNDER 1 Y DAY) MONTHS DAYS MONTHS DA	PR. IF UNDER 24 S HOURS MI NEVER MARRIED DIVORCED ITUTION 120 M IOE CITY LIMITS2 NO AD THER'S MAIDEN N DETAIL DE ORMANT	PRONOUNCE DEAD 9. BALTIMOR BALTIM DUSUAL OCCUPAT FOR MOST OF WORKING ETAL ROLL STREET ADDRESS 6614 WYCO	MONTE COUNTY OR	19 79 NTY OF DEATH NTY 170. KIND OF BUS OR INDUSTR' METAL DISNEY BROOK RD.	2d HOUR 2d HOUR MD INESS
WHITE JU ATE OR 76 C ATE OR 76 C ID OF DEATH 11.1 IS IN NURSING HOME OR O'IN IS IN COUNTY BALTIM OF EVER IN U.S. ARMED O' NN) (IF YES, GIVE WAR O' TO DEATH (Enter anly one atth WAS CAUSED BY: IMMEDIATE CAUSED	DATE OF BIRTH DAY JLY 11,19 CITIZEN OF WHI USA NAME OF HOSP (IF NOT IN SUCHFACE OF LAWYCO HER INSTITUTION, GIVE FORCES? OR DATES) DUE TO, OR A (b) DUE TO, OR A	VEAR 16. AGE (IN YE LAST BIRTHD 73 YI AT COUNTRY? IITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) DMBE WAY RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN TOWSON RETTALIATA 16b. SOCIAL SECURIT 216-03-019 (a), (b), and (c),) SA CONSEQUENCE (c)	EARS IF UNDER 1 Y DAYS A MARRIED WIDOWED WIDOWED WILE, OR OTHER INSTITUTE BION) 13d. INSIN YES C 15. MO A AD TY NO. 17 INFO 91 MRS.	PR. IF UNDER 24 S HOURS MI NEVER MARRIED DIVORCED ITUTION 120 M IOE CITY LIMITS2 NO AD THER'S MAIDEN N DETAIL DE ORMANT	DEATH MAN HRS. 21. DATE PRONOUNCE DEAD 9. BALTIMOR BALTIM FOR MOST OF WORKING ETAL ROLL STREET ADDRESS 6614 WYCO	ATED AND MONTH MONTH ECITY OR COULD ORE COUNTY ON (TYPE OF WORN ER MBE WAY E L L L L L L L L L L L L	NTY OF DEATH NTY 19 79 NTY OF DEATH NTY 17b. KIND OF BUS OR INDUSTR' METAL DISNEY BROOK RD.	MD. INESS
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DEATH (Enter only one ATH WAS CAUSED BY: IMMEDIATE CA IM	FORCES? OR DATES) In cause per line for the following per line for the fol	16b. SOCIAL SECURIT 216-03-019 (a), (b), and (c), (b), and (c), (c), (c), and (c), (c), and (c), (c), and (c), (c), and	A AD IV NO. IV INFO 91 MRS.	OTHER'S MAIDEN N DELAIDE ORMANT	JAME MIDDL	DDRESS	BROOK RD.	
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OR G CAUSE OF DEATH		MONTH DAT TEAR						
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OR					D. BY REGISTRAR 2		SIGNATURE	
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y 0	NAME ION,REMOVAL 236. D AL NOV	y that I took charge of the remains deserted from: Notural couses NAME IT) ION, REMOVAL 23b. DATE NOV.1,1979	y that I took charge of the remains described obave, held on d from: Notural couses cident , Su cident , Su NAME NAME ION, REMOVAL 236. DATE 236. NAME OF CE	y that I took charge of the remains described obave, held on Autopsy definition. Natural causes cident described. Suicide described. THE M.D. JAME NAME ION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREM	y that I took charge of the remains described obave, held on Autopsy , Inspection of from: Natural causes cident , Suicide , Homicide , U THEE (SPECIFY) M.D. J.	y that I took charge of the remains described obave, held on Autopsy , Inspection , Inquiry , In	y that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my of different courses , Inquiry , and in my of different courses , Inquiry , and in my of different courses , Inquiry , and in my of different courses , Inquiry , and in my of different courses , Inquiry , and in my of different courses , Inquiry , and in my of different courses, and in my of different courses, Inquiry , and and inquiry , and and inquiry , and an analysis	y that I took charge of the remains described obave, held on Autopsy , Inspection , Inquiry , and in my opinion of from: Notural causes , ident , Suicide , Homicide , Undetermined manner , THEE (SPECIFY) M.D. MEDICAL EXAMINER SIGNED

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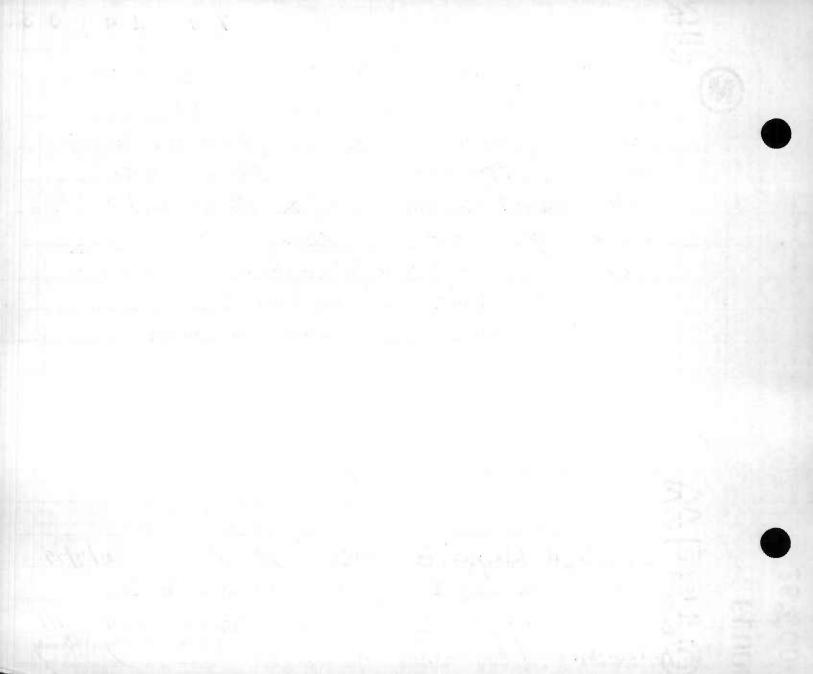
corbon popers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

				STAT	E OF MARYLAND			1 (% **2
	1-	FOR STATE	DE		EALTH AND MENTAL HYG	IENE / 9	2 4	1 0 3
-		REGISTRAR			ICATE OF DEATH	REG. N	0.	1017
		CEASED NAME FIRST	MIDDLE		AST 6	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		RV7	6 LAV	ANIA	KINGROSE	00	T 8, 1979	7
	3 SEX	X	4 RACE	S. DATE C		6. AGE IN YEARS LAST BIRT		
	. 1	remale.	White	1	0. 1, 1895	83	YRS.	75 HOURS MIN
7,0		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	NTRY?	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
1		Md.	U.S.A	WIDOWE	2	BAITIME	Re COUK	JTY MD
-	10.71	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATE		D OF BUSINESS OR
1	-	TOWSON	7700 Yo	RK Ro	d	Telephone	OPERATER	
5	13a.,S	AL RESIDENCE THE NURSING HOME OR STATE 136 COUN HAR	other institution, give residence of the last of the l		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	dland DR	,
40	14 FA	THER'S NAME			IS MOTHER'S MAIDEN NA			
2		George 1	MIDDLE SAP	P	EMMA	WIDDLE		LAST
1		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	1,06/	AIR, Md.
-		NO	220-1	2-4979A	PATRICIA MC	G-WIRE 102	Woodland	DR
		18 CAUSE OF DEATH (Enter on			Λ		BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) CANT	01074LM	nonthry Arn	EST.		
		4297	DUE TO, OR AS A CON	ISEQUENCE OF				
		Canditions, if any, which	(b) ARTER	JUSCLER	OTIC CAMDIO	VASCULAR	Dis	
		gave rise to immediate cause 101, stating the	DUE TO, OR AS A CON	ISEQUENCE OF				
		underlying cause last.	(c)					
	,	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
	ō							
1	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	DINGS USED SES OF DEATH?
	RTIF		1			YES NO	YES 🗌	NO 🗆
0		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2	2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	AED	21d. INJURY OCCURRED	21a. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
		AT WORK AT WORK						
		22a I certify that (I) (this haspit			. 19	, to		_, that (1) (we) last
		saw the deceased alive an abave, (I) (we) (did) (did na	t) view the body after death.		nd that in (my) (aur) apinian o	death accurred on the do	ate and haur and from t	the causes stated
		22b. SIGNATURE	11		DEGREE ATTENDING	MEDICAL STAI		ATE SIGNED
		Walter	Henry	14 1	PHYSICIAN E	DIRECTOR PHYSIC		9/79
		224. PHYSICIAN'S NAME ITYPE OF	11		224 ADDRESS		C 1	
		WALTER IL.	ITEPNEN I			ANKLIN	De. Un.	
		SURIAL, CREMATION, REMOVAL	1.1.1.00		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	ATAIL
	CI	REMA TION	10/10/79	WESTV	new Cem	CATONSVII	le BAITO	Md

DHMH-16 20M (VRA 15, 4) 7/7B

MITCHELL-Wiede feld HEHE 6500 YEAK



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in titling 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medicaler

FOR 1 - STATE		DI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7	9		2	4	1	0	
REGISTRAR			CERTIFICATE OF DEATH		REG.	NO.					
DECEASED NIAME	EIREY	MIDOLE	LAST	1 DATE	OF DEATH	MONITU	D.	V	VEAR	101 110	1110

	REGISTRAR			C	ERTIFI	CATE OF DEATH	REG. N	10				
	CEASED NAME	FIRST	N	AIDale	LA	LST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
(IIIE	OK PRINT)	Joseph	hint		Rol	PINSON		xt	26	1979	1/1	Q M
3. SE	,	4	RACE		DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)		UDER I YEAR	IF UNDER	
Female Back				/	Vou	8 1887	9,	YE	RS.	HS CAYS	MOURS	MIN
7a. BI	RTHPLACE ISTATE OR FO	OFFIGN 76	CITIZENOF	WHAT COUNTRY? 8	MARRIED		9 BALTIMORE CITY	R COU	NTY OF	DEATH		
	Marylano	1	05		IDOWE		Battime	OVE	Co	unty	,	MD.
10. C	TY OR TOWN OF DEA	ATH 1		OSPITAL, NURSING H		R OTHER INSTITUTION	12a USUAL OCCUPAT			2b. KIND O	BUSIN	ESS OR
Ca	tonsville		514 4	1	Lan	E CONTRACTOR	Homemack			AD OUT KI		
T3a S		ING HOME OR O		GIVE RESIDENCE BEFORE ADA		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	00			77.11	94
L	laryland	Balt	more Co.	Catonsvill	3	YES NO		ntch	5 L	ane		
14. FA	THER'S NAME FIRST	ME	DDLE	LAST		15. MOTHER'S MAIDEN NAM	NE MIGGLE			LAS	51	
	- 0	nkno	wn				Unknown					
	VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDR		, .			T3
	No					Thimas Kobins	son 4115	- 4	inte		-an E	
	18 CAUSE OF DEAT	H Enter only	one couse per	line far (o), (b), and (c	-		/			BETWEEN	MATE INTER	DEATH
	11 11 0	CAUSE (a)	type there F	pton	extende Heart	Disease			84	~ +		
	DUE TO, OR AS A CONSEQUENCE OF								V			
	Conditions, if ony, which gove rise to immediate							Typet				
	couse (a), stating the DUE TO, OR AS A CONSTOURNCE OF underlying couse lost											
	(c) 000									- 8		
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	19a. DATE OF OPERA	TION	10h CONDI	TION FOR WHICH OP	EDATION	L WAS DEDECDARED	20g AUTOPSY?	1205 II	EVES WE	ERE FINDIN	NGSTISE	
FIC,	THE DATE OF OFERATION		170 CONDI	HOW FOR WITHER OF	LKATIO	WASTERIORMED	44	IN CE	RTIFYING	G CAUSES	OF DEA	TH?
ERTI	21g. ACCIDENT WAS UND	DERLYING	21b. TIME OI	F IN ILIRY		21c. HOW INJURY OCCURR	YES NO EX.	IDY IN ITEA	YES		NO [
	OR CONTRIBUTING CAUSE OF DEATH		HOUR A.	M. MONTH DAY		The transfer of Cooking	ED TELLER LANGUE OF MOL	KI II CI	10,7501	OR / ART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		P.A		19	21f. LOCATION			-			
ME	WHILE CO NOT WHILE CO			EET, FACTORY, OFFICE, FARM,	, ETC.)	STREET	CITY OR TO	WN	C	YTHUO	SI	TATE
	220 certify that (I)	JRK -	1) attended the	deceased from	6M	Arch 10 74	10 269ct	-	10	19	that (I) (name last
	saw the deceose above, (1) (week)		10ct	1979		d that in (my) (corr apinion d	leath accurred an the d	ate ond	hour and	. /		
	22b. SIGNATURE	a A	view the body	ofter death. /		DEGREE				22c. DATE	SIGNED	
	M. A ATTENDING MEDICAL STAFF 290cf 79								79			
1	22d. PHYSICIAN'S NAME (Type or PRINT) 22e. ADDRESS									-		
0	Charles	R. DAV	1000	h		5017th 40	The Ave	.7				
23o. F	BURIAL, CREMATION,		23b. DATE_	23c. NAM	AE OF CE	EMETERY OR CREMATORY	23d. LOCATION	- /				
- (Burial		30 Qt	. 79 West	CVh	Star Cemeter	1 Catonsville	-3	olta cour	Co -	Mari	rland
24_E	INERAL DIRECTOR	. 1		1-03	2411	250 DATE	REC'D. BY REGISTRAR		STRAR'	S SIGNAT	URE	120
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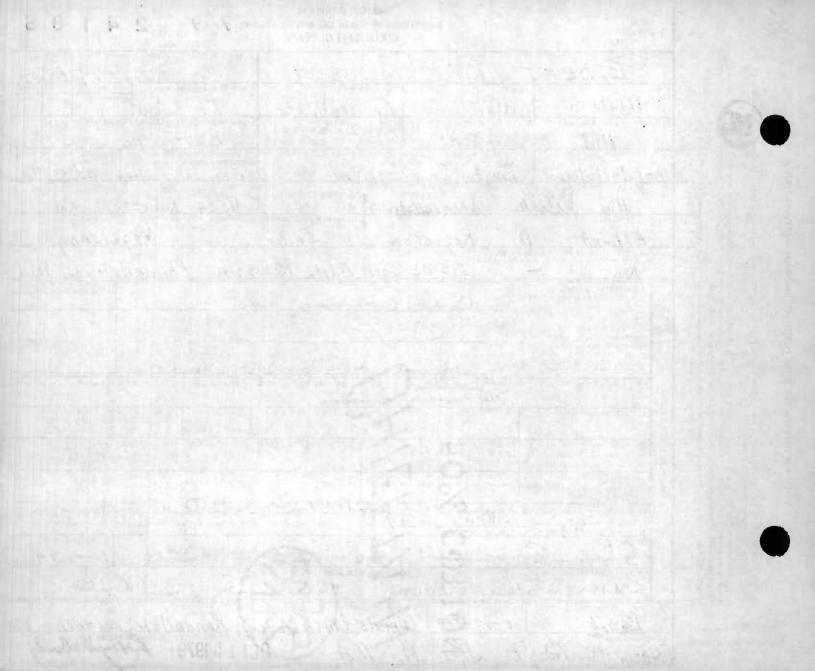
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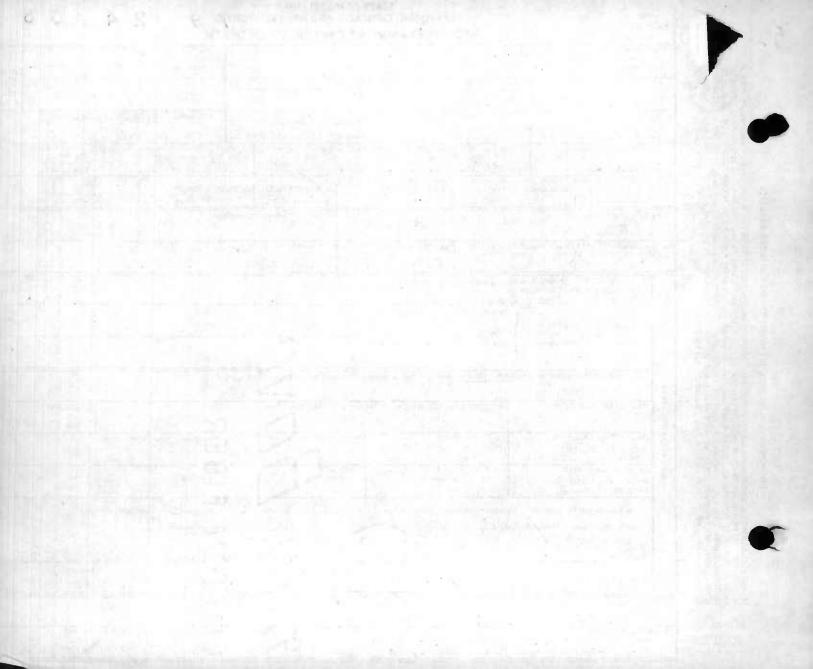
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STATE OF MARYLAND



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5			REGISTRAR		WED	DICAL EXAMIN	NER'S	CERTIFICATE	OF DEA	TH REC	3. NO,			1 .
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	E SESE	3. SE	. RACE	5. D	ATE OF BIRT	6. AGE INY		DER 1 YR. IF UND	ER 24 HRS.	2c. DATE	MONYH	DAY	YEAR	THOUR
	a. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	N	ALE WH		6-05-15	YEAR CAST BIRTH	MONT	HS DAYS HOURS	MIN.	PRONOUNCED	13	241	29	OLE.
	SAR	-	RTHPLACE (STATE OR		CITIZEN OF WH			VVV		BALTIMORE CI	TY OR COUN	-	/ /	19 11
	S FOR WITHIN	FC	REIGN COUNTRY)					IEDXXXNEVER MAR	RRIED 🔲	1207	44.4	//-	I	
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	IF ANY DELAY IS N. AND 3 TO THE FL. SHOULD BE FILED. TECORDS, 301 W.				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS!		IER INSTITUTION	FORM	OST OF WORKING LIFE		OR IN	VDUSTRY	INE 33
	A P P P P		BALTIMORE			CO. GEN.			ME	RCHANT			AIL	
=	SCORD S		AL RESIDENCE IF IN NURS	ING HOME OR OTH	ER INSTITUTION, GIV	131. CITY OR TOWN	SION)	Itad INSIDE CITY LIMITS?	13e STRE	ET ADDRESS	APT.		1	
21201	SCHOOL AND	N	IARYLAND			BALTIMOR	E	YES XX NO [63	00 RED C	CEDAR P	LA. #	2120)9
	T. 2 4	14. F	ATHER'S NAME					15. MOTHER'S MAI	DEN NAME					
WD	ASS & SEE		ISAAC	MID	DOLE	RODMAN		YETT	A	MIDDLE	F	REEDM	IAN	
ORE	PAGES PAGES S 1 A P	16a. \	VAS DECEASED EVER IN	U.S. ARMED	FORCES?	166, SOCIAL SECURI	TY NO.	17. INFORMANT	MRS. Y	ETTA ROP				-
¥.	SES SES	D	NO (CENTRAL PROPERTY OF THE PR	IF YES, GIVE WAR O	OR DATES)	220-09-5	170	6300 RED				#2	1209)
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ST.,	HOURS N 18. GI NG WIT. PAIT. PA		18. CAUSE OF DEATH PART I DEATH WA	S CAUSED BY:	e couse per line	or (o), (b), and (c)						BETWEE	N ONSET	ND DEATH
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PRESTON	A F A F		Conditions, if on	u which	DUE TO, OR	AS A CONSEQUENCE	OF.					V		
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301	FECUTED WITHIN 24 HOURS AFTER DEATH 3" IN PECULI IN TIEM 18, COVE PAGES 1, 4" EXAMINER ALONG WITH FORM PM BURIAL-TRANSIT PERMIT, PAGES 1 AND IND MENTAL HYGIENE, DIVISION OF SETTING OF SETTING OF SETTING OF SETTING OF SET		7,119 10001		(c)									
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OF VITAL	WORD TE SHOIL OF URIAL,	Ē										YES		NO 🗆
> 7	W HE HE BOUR BOUR	ĕ	210. EXTERNAL CAUSE		216. TIME OF			OW INJURY OCCUR	RED LENTERN	ATURE OF INJURY IN ITE	M 18 PART 1 OR P.	ART 2)		
Z	THE OUT THE		UNDERLYING OF	LUSE OF DEAT	H P.M.	MONTH DAY YEA	R							
DIVISION	ED T ED T ED T ED T SEPA SIOR	MEDICAL	21d. INJURY OCCURRE		21e PLACE O	FINJURY JATHOME,		CATION				70-		
2	RITIII REE 3E 3	2	WHILE NOT W	/HILE	STREET, FACTO	ORY, FARM, ETC.)		STREET		CITY OR TOWN	cc	YINUC		STATE
	LER: THIS CERTIFICATE SHOINED THE WORD THE CHIEF OF A PAGE 3 SHOULD BE US PAGE 3 SHOULD BE US THE STATE DEPARTMENT OF D. 21201 PRIOS TO BURBALL		AT WORK AT WC	KK	1							-		
	AL EXAMINER: THE CERTIFICATE, THOULD BE FOR AL DIRECTOR: 1 TH, WITH THE S , MARYLAND, 21	10	220. I certify that I t	ook charge of t	the remoins desc	ribed obove, held on	Autop	sy , Inspect	tion 1	Inquiry 4,	and in my a	pinion		
-	AN HELEN		death resulted from:	Natural co	uses Li,	Accident, S	vicide	, Homicide	, Undete	rmined monner				
	CER CER OULD DIRE		LW.	Min.	* 1111	n Il		TITLE SPECIFYY				-	1	10
	AL TH.		SIGNATURE	1 uu	Cour	***	M	D. Coffee	MEDIO	CAL EXAMINER	DATE	ED/OL	237	29
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	THE BENEFIT		(TYPE OR PRINT)	Niti	-) HY	noch	100	ADDRESS 55	SOW	ALII N	1497	TIKET	4/23	<u>&</u>
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	23a.B	URIAL, CREMATION, RE	MOVAL 23b. D.	ATE	23c. NAME OF CE	METERY C	R CREMATORY	23d. LO	CATION	COL	UNTY	STAT	ı.
nnnn	RP		BURIAL	ОСТ	.26,197	9 HEBREW	YOUNG	MEN		TIMORE		MARYI.		,
	DHMH - 17	24. F				BROS., INC	·	25a. DAT		REGISTRAR 25b.				
	(VR A15 ME (5)) 30M 7/73		6010 REIST	ERSTOWN	RD. B	ALTO:, MD	2121	5 OC	T3 0	1979	coforny /	He Gra	ordy	



STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYD) 2 REG. NO.	4 1	0 7	
	ECEASED NAME E OR PRINT)	FIRST	,	WIDDIE		Etein	Octob		DAY YEAR	26 HOUR	M
3 SEX male			A RACE			DF BIRTH PAY YEAR . 2, 1906	6 AGE (INYEARS	LAST BIRTHDAY) YRS	IF UNDER I YEAR	HOURS MIN	
· ·	SIRTHPLACE (STATE OR FO COUNTRY) LITHUANIA ITY OR TOWN OF DEA		US NAME OF 1		WIDOWE G HOME C	NEVER MARRIED DIVORCED DOR OTHER INSTITUTION	BALTI 120 USUAL OCC	MORE C LUPATION R MOST OF WORKING	13P KIND C	MI DF BUSINESS OR	-
USU 13a	ADALISTON! JAL RESIDENCE (IF NURSI STATE MARYLAND	ING HOME OF OT	HER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NOXX	13e. STREET ADD	MESS	COPPI C. 101 HILL C	ER CO. IR. 2113	33
16a '	ATHER'S NAME PIRST JOSHUA WAS DECEASED EVER		D FORCES?	OSENSTEIN		15. MOTHER'S MAIDEN NA FIRST SARAH 17. INFORMANT MRS	м	AROSENST	UNKNOWN EIN	it V	
	18 CAUSE OF DEATH	H (Enter anly AS CAUSED I	ane cause per	line far (a , (b), and	lic	3556 CARRIAGI		IR., APT	APPROX	21133 IMATE INTERVAL ONSET AND DEATH	_
	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause	nediate g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	meanina Conti	and so	pricin	175	nd VF	
ATION	PART 2 OTHER SIGN PARKUL 190 DATE OF OPERAT	NSON	is Mi	Davin	¿ M	NOT RELATED TO THE TERM CLIFUS N WAS PERFORMED	AINAL DISEASE OF		ES, WERE FINDIN		
CERTIFICATION	210. ACCIDENT WAS UND	ERLYING	21b. TIME O		V VEAD	21c HOW INJURY OCCUR	YES N	IN CER	TIFYING CAUSES YES [

21b. TIME OF INJURY ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19

21e. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

MARY LAND

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c, DATE SIGNED

NOT WHILE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

234. NAME OF CEMETERY OR CREMATORY OCT.10,1979

BALTIMORE

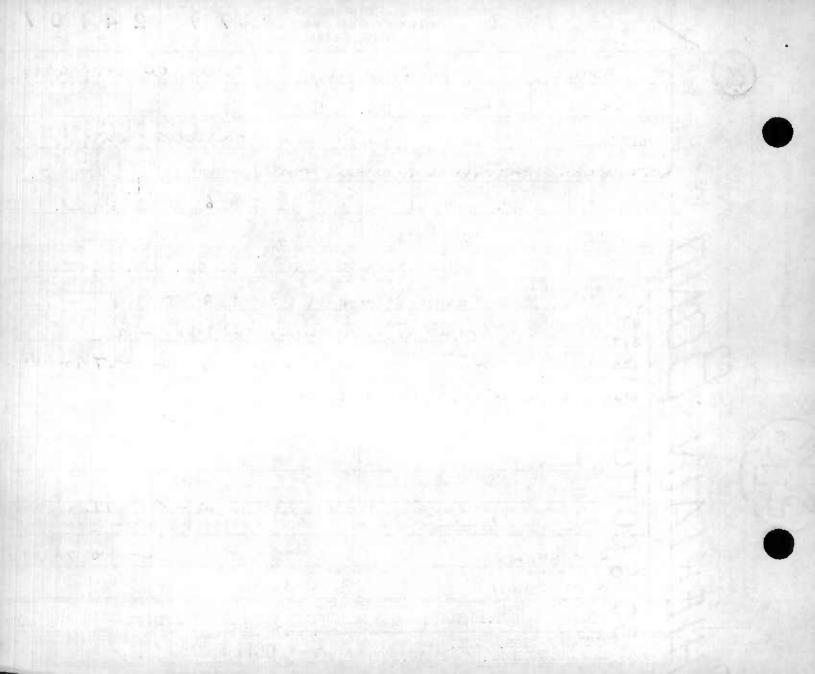
MONTEFIORE WOODMOOR BA MOSES HEBRE BY REGISTRAR 256 REGISTRAR'S SUCHATURE ²⁴ SOFALEVINSON & BROS., 6010 REISTERSTOWN RD. INC . ADDRESS BALTO., MD 21215

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows

MEDICAL



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			Control of the religion to	

Martin D. Lawson Padonia & York Roads

STATE OF MARYLAND

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

COUNTY

22c. DATE SIGNED

DAYS

DHMH - 16 50M 1/76 (VR A 15 (4))

PERIOD MICHIELAS STATE S TATTOR HORSELD HOSELD CARLITORIA SHOTAREMARIOTURA the same of the sa 12 The second of the second of the second of the second

		1		STATE OF MARYLAND
/	20		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 1 1 0 CERTIFICATE OF DEATH
y be	(M)	(TYP	CEASED NAME FIRST EOR PRINT) A 1 SET	TO RIKIE IR. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 8:45
ge 4 mc	s affects	3 SE	MALE	4 RACE 5. DATE OF BIRTH NONTH OAY YEAR APR. 29. 1936 4. AGE (IN YEARS LAST BIRTHDAY) WONTHS OAYS HOURS MIN YEAR APR. 29. 1936 YRS.
oth. Poo	72 hau	7a B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
after de	by the tun filed within	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours	ould be fill	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS
RYLAN within 2	d 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE PEST NO A 1826 HONFORD Rd. 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST
RE, MA	E º 22	16a.	WAS DECEASED EVER IN U.S. AI	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
e be ex	ne Pa		No -	GIVE WAR OR DATES) 219-32-8578 Mrs. Carole Rypiel 1826 Hanford Rd
ST., BA	ng physicio bon papers remavol. c event, the		PART I. DEATH WAS CAUSI	only one couse per line for (o), (b), and (c) Myoculd al Tufaiction 15 Min
deoth o	nave carb latian, or troumotic	8	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF
W. PR	by the ose rer I, crem other		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
RDS, 30	Then ple to buria njury, or	No.	PART 2. OTHER SIGNIFICANT	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)
AL RE	isit permit. giene priar	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
N OF VIT	certificate orial-tronsi ental Hygi frem 18 sh		2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DEATH HOUR A.M. MONTH DAY YEAR
OIVISION VG PHY attendir	After this e as the bu olth and M morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
0 0				spital) attended the deceased from
	detoched for u tote Dept. of He NT: If hem 21 is		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN AND DIRECTOR PHYSICIAN
	old be ORTAL		224 PHYSICIAN'S NAME (TYPE C	
	5 % ₹ 	23a.	BURIAL, CREMATION, REMOVAL	CITY OR TOWN - COUNTY STATE
BP		24 F	JNERAL DIRECTOR	10-5-177 SACRES HEART OF LESUS BALTIMORE 15000 ATEREC'D, BY REGISTRAR'S SIGNATURE 15000 ATEREC'D, BY REGISTRAR'S SIGNATURE
(VR A 15	(4))	0	6-41 Ms. 16	ADDRESS ADDRESS A STATE OF STA

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